youth beyondblue

## A GUIDE TO WHAT WORKS

# FOR DEPRESSION IN YOUNG PEOPLE

Rosemary Purcell, Faye Scanlan, Patch Callahan, Anthony Jorm

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### About the Authors

The authors of this guide are researchers at Orygen Youth Health Research Centre, The University of Melbourne. Rosemary Purcell, Faye Scanlan and Patch Callahan also work for the headspace Centre of Excellence in Youth Mental Health.

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# CONTENTS

| | |
|---|---|
| What is depression? | 2 |
| Depression checklist | 5 |
| Are there different types of depression? | 6 |
| Getting help for depression | 8 |
| How family and friends can help | 11 |
| How to use this booklet | 12 |
| How this booklet was developed | 15 |
| A summary of what works for depression in young people | 16 |

## Complementary and lifestyle treatments


Bibliotherapy 18
Computer or internet treatments 19
Distraction 20
Exercise 20
Magnesium 21
Massage 21
Music 22
Relaxation training 22
SAMe (s-adenosylmethione) 23
St John's wort 23


## Medical treatments


Anti-convulsant drugs 25
Antidepressant medications 25
Anti-psychotic drugs 26
Electroconvulsive Therapy (ECT) 27
Ketamine 27
Light therapy 28
Lithium 29
Transcranial Magnetic Stimulation (TMS) 29


## Psychological treatments


Art therapy 30
Behaviour Therapy (BT)/ Behavioural activation 31
Cognitive Behaviour Therapy (CBT) 31
Creative play 32
Dance and Movement Therapy (DMT) 33
Family therapy 33
Hypnosis 34
Interpersonal Psychotherapy (IPT) 35
Problem Solving Therapy (PST) 36
Psychodynamic psychotherapy 37
Psychoeducation 37
Social skills training 38
Supportive therapy 38

**Interventions reviewed but where no evidence was found 39**

**References 41**

**Appendix: What about depression treatments not reviewed here, but where evidence exists for adults? A summary of the evidence for treatments in adults. 43**


# WHAT IS DEPRESSION?

**We all feel sad or down from time to time – it's part of being human. Usually when we feel down it's a reaction to something, like fighting with family or friends, breaking up with someone, or moving away from home. Sometimes people say they are 'depressed' when they experience this kind of sadness, but in most cases it will pass in a few hours or days. However, depression is more than just a day or two of feeling sad or down.**

Depression becomes an illness (i.e. a 'depressive disorder') when feelings of sadness last longer than normal and stop the person from enjoying things he/she used to like, or from taking part in usual activities. When this happens, symptoms other than sadness also develop, such as feeling worthless. The person may find it harder than usual to focus at school or to perform well at work and may have problems getting along with family and friends.

## Tackling the stigma of depression

It is important to tackle the stigma that surrounds depression because it stops a lot of people from getting the support they need.

Many people who are depressed realise they need help, but are afraid or reluctant to seek support because they fear negative reactions from friends or family.

### Some common myths about depression

**Myth:** Depression is a sign of personal failure or weakness.

**Fact:** Depression is a much more common problem than most people realise. It is estimated that one in six Australians will experience a depressive illness at some point in their life. Anyone can become depressed whether they are young or old, male or female, rich or poor.

**Myth:** Depression is just laziness.

**Fact:** When people get depressed they often have less energy or motivation and may become less active or withdraw from family or friends. These common signs and symptoms of depression can sometimes be mistaken for laziness.

**Myth:** Something terrible has to have happened for someone to become depressed.

**Fact:** There is no one cause for depression. It often occurs due to a build up of stressful situations (e.g. pressure at school or work, relationship problems, low self-esteem) rather than any one event. It can also occur quite unexpectedly when a person is generally feeling quite good.

**Myth:** Depression is something you can just 'snap out of'.

**Fact:** Most people with depression will recover, however this often takes time and support. In cases of moderate to severe depression, seeking professional help is particularly important.

## DEPRESSION IN YOUNG PEOPLE

Mental health problems are the major health issues that young Australians face. Adolescence and early adulthood are often periods of great change, for example, developing a sense of identity, becoming more independent from parents and taking on greater responsibility during the transition from school into work or higher education. The challenges faced by many young people can lead to emotional problems.

Most people have their first experience of depression during adolescence or young adulthood. Overall, it is estimated that 6 to 7 per cent of young Australians aged 16 to 24 will experience depression in any year. The rates of depression each year tend to be higher among young females (8.4 per cent) compared to young males (4.3 per cent).[1] All of these figures might even be an underestimate since research typically only looks at the rates of major depressive disorders, rather than milder forms of depression.

Depression in young people is also often associated with other mental health problems, including anxiety disorders, drug or alcohol problems.[2]

### FAST FACT

**Around 1 in 4 young people aged 16 to 24 experience mental health problems during adolescence.[1]**

**It is important that young people who are experiencing depression get help as early as possible.** If depression is left untreated, young people are at risk of struggling with their studies or work, having difficulties in their relationships with family or friends, abusing alcohol, taking drugs or self-harming. If depression becomes severe, people may feel hopeless and begin to have thoughts of hurting themselves, or of ending their lives.

### DID YOU KNOW?

**Depression is one of the leading causes of disability among 15 to 24-year-olds in Australia, far ahead of road traffic accidents.[2]**

Although depression affects many young people, few get treatment. **Over 75 per cent of Australian adolescents with serious mental health problems do not seek help from health services.**[1] This is extremely concerning because depression can be very disabling, especially if it is left untreated. Struggles with school, work or relationships can last longer and may lead to the person not achieving their full potential, be it at work or in their relationships. Depressive disorders are also the most common risk factor for suicide.

### ACT EARLY

**Because depression often starts before the age of 25, it makes most sense to provide treatment when it first develops; that is, during adolescence and emerging adulthood.**

[1] Australian Bureau of Statistics *2007 Survey of Mental Health and Wellbeing: Summary of Results.* (Document 4326.0). Canberra: ABS; 2008.

[2] Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD (2007) *The burden of disease and injury in Australia 2003,* AIHW PHE 82, April, Canberra.

# WHAT IS DEPRESSION?

**It is important to know that there are treatments that work for depression in young people.** This booklet aims to help young people, their friends and family understand more about depression and which treatments may work. Just because a treatment is effective in treating depression in adults doesn't mean that it will necessarily work with young people. This booklet is designed to provide clear information about the effectiveness of a range of treatments – complementary and lifestyle, medical and psychological – for depression in young people aged 14 to 25.

## WHAT CAUSES DEPRESSION?

People often think depression is caused by something that has gone wrong, for example, a bad break-up, falling out with friends or failing an exam. Research shows that there usually isn't one reason for someone experiencing depression. Sometimes it happens for no obvious reason, however, sometimes there is a specific event that leads to depression, such as:

- being abused or bullied
- parent separation or divorce
- the death of someone close to you
- losing a job
- moving to a new country.

In some cases, depression may be associated with a combination of factors, such as feeling stressed, not feeling able to cope with things, trouble at home, school or work, low self-esteem, not being able to talk to people, or not having someone to talk to.

**Regardless of what causes depression, it's a real illness that needs treatment and a plan to get through it.**

**With the right treatment, most people recover from depression.**

## WHAT ARE THE SYMPTOMS OF DEPRESSION?

**Symptoms of depression can include:**

- feeling unhappy, moody or irritable most of the time
- feelings of emptiness or numbness
- losing interest and pleasure in activities that were once enjoyed
- change in appetite, eating habits or weight (e.g. either weight loss from having a poor appetite, or weight gain from turning to comfort foods and overeating)
- change in sleep habits (e.g. either difficulty sleeping, or sometimes staying in bed most of the day)
- tiredness, lack of energy and motivation (e.g. finding it hard to 'get going')
- difficulty concentrating and/or making decisions
- feeling bad, worthless or guilty, or being overly critical of oneself
- negative or 'down on yourself' thoughts
- thoughts of death or suicide.

Everyone experiences some of the symptoms above from time to time. However, for a person to have a diagnosis of a depressive disorder, he/she would have some of these symptoms for at least two weeks, nearly every day.

Not every person who is depressed has *all* of these symptoms. People differ in terms of the number of symptoms they have and the severity of their symptoms. As a guide, a person who has *mild depression* would have five or six of the symptoms listed above, and may find it difficult to function at school, work and at home. A person who has *severe depression* would have most of the symptoms listed above and clearly, would be unable to function in most parts of his/her life. A person with *moderate depression* would be in between mild and severe.

On the next page is a checklist that can be used to find out whether a person is likely to have a depressive disorder. If people score highly on this checklist, they should see a doctor/GP for a full assessment of their mental health.

# DEPRESSION CHECKLIST

**To find out if you, or someone you know, may have depression complete the checklist below.**

| **For more than TWO WEEKS have you:** | **Tick if Yes** |
|---|---|
| **1.** Felt sad, down or miserable most of the time? | ◯ |
| **2.** Lost interest or pleasure in most of your usual activities? | ◯ |
| **If you answered 'YES' to either of these questions, complete the symptom checklist below.**<br>**If you did *not* answer 'YES' to either of these questions, it is unlikely that you have a depressive illness.** | |
| **3.** Lost or gained a lot of weight? OR<br>Had a decrease or increase in appetite? | ◯ |
| **4.** Sleep disturbance? | ◯ |
| **5.** Felt slowed down, restless or excessively busy? | ◯ |
| **6.** Felt tired or had no energy? | ◯ |
| **7.** Felt worthless? OR<br>Felt excessively guilty? OR<br>Felt guilt about things you should not have been feeling guilty about? | ◯ |
| **8.** Had poor concentration? OR<br>Had difficulties thinking? OR<br>Were very indecisive? | ◯ |
| **9.** Had recurrent thoughts of death? | ◯ |
| **Add up the number of ticks for your total score:** | |

**What does your score mean?**

(assuming you answered 'YES' to question 1 and/or question 2)

**4 or less:** Unlikely to have a depressive illness

**5 or more:** Likely to have a depressive illness

These questions are designed to help you reflect on your situation or that of someone close to you. They will not provide a diagnosis - for that you need to see a health professional.

References: American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th Ed (DSM-IV). Washington, DC: APA, 1994;
and, International classification of diseases and related health problems, 10th revision. Geneva, World Health Organisation, 1992-1994.

# ARE THERE DIFFERENT TYPES OF DEPRESSION?

## THERE ARE SEVERAL DIFFERENT TYPES OF DEPRESSION. THE MAIN ONES ARE:

**Major depression** (otherwise known as 'major depressive illness', 'clinical depression', 'unipolar depression')

**This is the type of depression that most people are familiar with.** Feelings of depression tend to build up over weeks or months. When this happens, people experience low mood and/or lose interest and pleasure in activities they used to enjoy (like spending time with friends, playing sport, socialising). The symptoms are experienced most days, nearly every day and last for at least two weeks. The symptoms interfere with the person's relationships. Since it's common for young people to have mood swings as a regular part of growing up (such as feeling up sometimes as well as down and more sensitive or irritable), it may be hard to diagnose this kind of depression if it is mistaken for normal adolescent mood swings.

**Dysthymia** (pronounced 'dis-thigh-mia')

With dysthymia, the symptoms of depression are milder than in major depression, but usually last longer. People with dysthymia may still be able to do their day-to-day activities, but with less interest and enjoyment. They may also have problems with their sleep, appetite, energy and ability to concentrate. A person has to have this milder form of depression for more than two years to be diagnosed with dysthymia.

**Bipolar disorder**

People may also experience depression as part of bipolar disorder. This disorder used to be known as 'manic depression' because the person experiences periods of depression, but at other times periods of mania. Mania is like the opposite of depression and can vary in intensity. The person may feel great, have plenty of energy, talk fast, have racing thoughts and sleep and eat less. The person may have difficulty focusing on tasks and may become frustrated and irritable. Sometimes, the person loses contact with reality. For example, a person could become convinced that he/she has special powers or is an important person (such as Jesus or a movie star). When people are manic, they can do reckless things, like spend a lot of money and get into debt or take serious risks. In between these periods, a normal mood is experienced. Bipolar disorder affects less than 2 percent of the population and is mostly seen in people aged over 18. **Treatments for bipolar disorder are different from those for depression and are not covered in this booklet.** For more information on bipolar disorder visit **www.beyondblue.org.au**, **www.blackdoginstitute.org.au** or **www.reachout.com**

## OTHER LESS-COMMON TYPES OF DEPRESSION ARE:

### Psychotic depression

Sometimes people with a depressive disorder can lose contact with reality (become psychotic). For example, they may falsely believe that other people are out to get them or that they are being punished for bad actions in the past. In these cases, when the depression is properly treated, the psychotic symptoms usually stop.

### Melancholia

This is a more biological form of depression. The person is more likely to have depressed mood that feels different from normal sadness and is more likely to wake up very early in the morning (e.g. 4am or 5am). He/she may appear slowed down, lose weight and feel an extreme amount of guilt. One of the major differences between depression and melancholia is that the person can be seen to move more slowly. It is very rare for melancholia and biological forms of depression to occur in young people.[3]

### Seasonal Affective Disorder

This form of depression comes and goes with the seasons. The most common pattern is for the person to become depressed in winter or autumn. This is sometimes called 'winter depression'. Lack of sunlight is the cause. People with Seasonal Affective Disorder are more likely to lack energy, sleep too much, overeat, gain weight and crave carbohydrates. Seasonal Affective Disorder is very rare in Australia.

### Depression and pregnancy

The rate of depression among women has been shown to increase during pregnancy and the first year after birth. Depression and anxiety occur in around 9 per cent of women in Australia before birth (called the *antenatal period*) and around 16 per cent after the birth (called the *postnatal* period).[4] Risk factors for developing depression and anxiety during this time include:[5]

- a history of depression or anxiety in the woman or her family
- lack of social support
- stressful life events, as well as stresses associated with pregnancy and childbirth
- struggling to make ends meet financially
- adjusting to the challenges of motherhood.

For many women, this may only be mild. For other women, it lasts longer and can interfere with their mothering. Depression during this time can have an impact on the health of the mother, her partner and can affect the baby's development.

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[3] Parker G, Roy K. 'Adolescent depression: a review'. *Australian and New Zealand Journal of Psychiatry* 2001; 35(5):572-580.

[4] Buist, A., Bilszta, J. The *beyondblue* National Postnatal Depression Program, Prevention and Early Intervention 2001-2005, Final Report. Volume 1: National Screening Program. 2006a, *beyondblue: the national depression initiative.*

[5] Milgrom J, Gemmill AW, Bilszta et al. 'Antenatal risk factors for postnatal depression: a large prospective study'. *Journal of Affective Disorders* 2008; 108: 147-157.

# GETTING HELP FOR DEPRESSION

**It's important for young people who are experiencing depression to get support and help. Many young people turn to family and friends for support rather than talking to a health professional. Family and friends play an important role in supporting a young person through a period of depression (see *How family and friends can help* on page 11). In many cases, young people may need help from a doctor or mental health professional to treat the depression and to get their life back on track. This is particularly important if the depression is moderate or severe.**

It can be hard to know where to begin to look for professional help for depression. **What's important to remember is that there are lots of people out there who can help.** There are different types of health professionals who can provide help for depression.

## GENERAL PRACTITIONERS (GPs)

GPs are the best starting point for professional help for depression. If you have a Medicare card and the GP bulk bills, the consultation won't cost you anything. If the GP doesn't bulk bill, you may have to pay up to $65 for a consultation. Medicare will then refund around half of this cost. (See *beyondblue* **Fact sheet 24 – Help for depression, anxiety and related disorders under Medicare** at **www.beyondblue.org.au** for more information.) You can get your own Medicare card in most states if you are aged 15 or over.

A good GP can:

- make a diagnosis
- check for physical health problems or medication side-effects that may be contributing to the cause of depression
- explain the different treatment options and help make an informed decision
- work with the young person to draw up a Mental Health Treatment Plan. (This plan can be used to access bulk-billed treatment from mental health specialists, such as psychologists, psychiatrists or mental health nurses.)
- provide brief counselling
- prescribe medication
- provide referral to a psychologist, psychiatrist or other allied health professional.

### Some things to think about when getting help

- GPs and other health professionals sometimes use words we don't understand. If you don't understand something, it's important – and OK – to ask them to explain.
- Sometimes, it can be hard to keep track of all the information a health professional might give you. It helps to ask them to write the important things down so you don't forget them.
- You might prefer to see a health professional of a particular gender. If you do, tell the receptionist when you book the appointment.
- It's OK to bring someone along with you to your appointment (like a parent, friend or partner) if it makes you feel more comfortable.

### Helpful questions to ask a health professional

- What are my different treatment options?
- Are there any side-effects of this treatment? What are they?
- How much will it cost?
- Can I claim money back for it on Medicare?
- What should I do if I notice any side-effects?
- What happens if I don't feel like I'm getting any better from this treatment?

Always remember, sometimes you need to shop around to find the best person to support you. If you're not happy with the service you're getting, it's best to try another one. There are lots of people out there who can help.

When making an appointment with a GP, ask for a long appointment at a time when the GP is less busy. That way, the GP can take more time to talk to you about the problems you're having. It is also best to raise the issue of depression early in the consultation. Even if you're not sure what's going on or what the problem is, you should feel free to talk about your feelings with the GP.

Keep in mind that some GPs are better at dealing with depression than others. A good GP should take the time to listen and give clear and easy-to-understand answers. He/she should explain the various treatment options for depression and ask what *you* think will work best. If you are not happy with the service provided, or don't feel comfortable talking with the GP, try another one. It is important not to give up looking for help if one GP is not helpful.

## PSYCHIATRISTS

A psychiatrist is a doctor who has had specialist training in treating people with mental health problems, including depression. A person usually sees a psychiatrist when the depression is severe or is not responding to treatment. Psychiatrists are experts on medical aspects of depression. For example, they can be particularly helpful for someone who has depression combined with a physical health problem. They can also help when there are complications with medications, such as side-effects or interactions with other medications. Psychiatrists can also provide psychological treatments (e.g. talking therapies).
Most psychiatrists work in private practice, but some work for hospitals and community mental health clinics. To see a private psychiatrist for the first time, you need a referral letter from a GP. If you have a Medicare card, the cost of seeing a psychiatrist is partly or wholly covered by Medicare.

### Confidentiality

It is important for young people to understand that speaking with a health professional, like a GP, a psychiatrist or psychologist, is confidential. This means that anything said in your consultation *is not repeated to others.* Sometimes you may feel that it would be helpful for the health professional to speak to someone else, like a family member, boyfriend/girlfriend, or a friend. In these cases, you need to give the health professional permission to speak to that person. There are three situations where it may be necessary for a health professional to break confidentiality. These are when:

- the young person is at risk of harming themselves
- the young person is at risk of harming someone else or committing a serious criminal offence
- the young person is being threatened or harmed (for example, physically or sexually abused).

In these cases, the health professional will usually speak with the young person about the need to break confidentiality.

### The lowdown on Medicare rebates

If you qualify for Medicare, you can see a psychiatrist, psychologist, social worker, occupational therapist or a mental health nurse at low or no cost under the Australian Government's *Better Access* program.

To qualify for rebates under the *Better Access* program, you need to get a referral from a doctor – either a GP, psychiatrist or paediatrician (a doctor who specialises in treating children).

The doctor will help you to develop a plan for your treatment. The plan will list the health professional/s you will be referred to and the rebates that are available for those services.

For more information, see *beyondblue* **Fact sheet 24 – Help for depression, anxiety and related disorders under Medicare** available at **www.beyondblue.org.au**

# GETTING HELP FOR DEPRESSION

## PSYCHOLOGISTS

A psychologist is someone who has studied human behaviour at university for a minimum of four years and has had supervised professional experience in the area for a further two years. The two main types of psychologists who help people with depression (and other mental health problems) are clinical psychologists and counselling psychologists.

Psychologists usually provide 'talking therapies' to treat people with mental health problems, including depression. Psychologists do not have a medical degree, so they cannot prescribe medication. Psychologists must be registered with a state registration board, ensuring they have appropriate qualifications and training. Some psychologists work for community mental health services, while others are in private practice. It is best to get a referral letter to a psychologist from a GP. As part of a Mental Health Treatment Plan, a GP can refer a young person to a psychologist. The cost of treatment is partly covered by Medicare, if you have your own Medicare card. The cost per session varies depending on the psychologist.

*Clinical psychologists* are particularly skilled at providing a kind of therapy called 'Cognitive Behaviour Therapy' (or CBT) and other psychological treatments. Many are members of the Australian Psychological Society's College of Clinical Psychologists. Only clinical psychologists can provide some of the specific types of psychological therapies covered under the Medicare system.

Medicare will cover up to 12 individual sessions and 12 group sessions each calendar year (more in exceptional circumstances) if you are referred by a GP who has drawn up a Mental Health Treatment Plan. The following types of treatment are covered by Medicare:

- psychoeducation (providing information about a mental health problem and how to manage it)
- Cognitive Behaviour Therapy (CBT)
- relaxation strategies
- skills training (e.g. problem-solving skills)
- Interpersonal Psychotherapy (IPT) (dealing with relationship difficulties, including with family and friends).

## OCCUPATIONAL THERAPISTS AND SOCIAL WORKERS

Most occupational therapists and social workers work in community health or welfare services. Only a small number work as private practitioners and are registered by Medicare. They can provide similar treatments to psychologists (although not the specialist treatments of a clinical psychologist). The cost is partly or wholly covered by Medicare.

## COUNSELLORS

Counsellors can provide psychological support. Research shows that young people often prefer to discuss mental health problems with a counsellor, rather than a more medical-sounding psychologist or psychiatrist.[6] While there are many qualified counsellors, such as those who work at schools as Student Welfare Coordinators, some counsellors are less qualified and may not be registered. Unfortunately, anyone can call themselves a counsellor, even if they don't have training or experience. For this reason, it is important to ask for information about the counsellor's qualifications and whether they are registered with a state board or a professional society. A good counsellor will be happy to provide you with this information. If they are reluctant to provide information about their training, qualifications, registration or experience in treating depression, then you should find a counsellor who will.

[6] 'Interventions that are helpful for depression and anxiety in young people: a comparison of clinicians' beliefs with those of youth and their parents'. *Journal of Affective Disorders* 2008; 111:227-34.

## COMPLEMENTARY HEALTH PRACTITIONERS

There are many alternative and complementary treatments for depression. However, many of these services are not covered by Medicare. Some services may be covered by private health insurance. If you don't have private health insurance, you may have to pay for these treatments. When seeking a complementary treatment, it is best to check whether the practitioner is registered by a state registration board or a professional society. It is a good idea to make sure the practitioner uses treatments which are supported by evidence that shows they are effective. This booklet will help you to figure out which treatments have the most evidence to show they are effective.

### Finding a GP or a mental health professional with an interest in depression

*beyondblue: the national depression initiative* has a website that lists contact details of GPs and other mental health professionals who treat depression. Visit **www.youthbeyondblue.com** and click on **Find a doctor/psychologist**. Alternatively, call the *beyondblue* info line on **1300 22 4636** to have a mental health professional search for services in your area.

# HOW FAMILY AND FRIENDS CAN HELP

**Family and friends often play an important role in helping a young person who is depressed. They can help get appropriate professional help and support the young person through the process of treatment and recovery.**

When someone you care about is experiencing depression, it can be hard to know what the right thing is to do. Sometimes, it can be overwhelming and cause worry and stress. It is very important that you take the time to look after yourself and monitor your own feelings if you're supporting a friend or family member who is experiencing depression. It can be helpful to talk to a trusted adult about your concerns.

Information about depression and practical advice on how to help someone you are worried about is available at **www.youthbeyondblue.com**. *beyondblue* also has a range of helpful resources, including fact sheets, booklets, wallet cards and DVDs about depression, available treatments and where to get help. Go to **www.beyondblue.org.au** and click on Get information.

# HOW TO USE THIS BOOKLET

**There are many treatments for depression available to choose from. These include medical treatments (such as medications or medical procedures), psychological therapies (including 'talking therapies') and self-help approaches (such as complementary and alternative medicines or lifestyle approaches). All of the treatments that are included in this booklet have been claimed to be a treatment for depression. However, while each treatment may have its supporters, the amount of evidence supporting the treatment's effectiveness can vary greatly.**

**This booklet aims to help young people make informed choices by providing a summary of the scientific evidence for each treatment.**

This booklet summarises the evidence for treatments for depression in young people aged 14 to 25 years. Since depression usually begins in adolescence and young adulthood, it is important to understand and find effective treatments that are suitable for this age and stage of life. **Treatments that work for adults may not necessarily be effective for adolescents and young adults.** This might be for a range of reasons, including differences in how severe the depression is or the duration of the illness. Treatments that are effective for adults in general (i.e. 18 to 65 years of age) are summarised in the Appendix on page 43.

## Who's who?

Throughout the treatment reviews, we refer to:

- an **adolescent** as someone aged 14 to 17 years
- a **young adult** as someone aged 18 to 25 years.

**We have rated the evidence for the effectiveness of each treatment using a 'thumbs up' scale:**

| | |
|---|---|
|  | There are lots of good quality studies showing that the treatment works. |
|  | There is a number of studies showing that the treatment works, but the evidence is not as strong as for the best treatments. |
|  | There are at least two good studies showing that the treatment works. |
|  | The evidence shows that the treatment does not work or there are significant risks involved in using the treatment. |
|  | There is not enough evidence to say whether or not the treatment works. |

### Why do some treatment reviews have a faded 'thumbs up' rating as well?

Some treatments have been rated on a faded 'thumbs up' scale using the same ratings as above. A faded thumb scale has only been used when there **has been no research for the treatment *in young adults,* but there is a reasonable amount of evidence available for *adults in general, as well as adolescents*.** The faded rating shows the level of evidence for the treatment in adults (aged 18 to 65 years). We've included this scale because we can be reasonably confident that if a treatment works with both adolescents and adults in general, it will also work with young adults. However, the thumbs are faded since we cannot say this for sure until studies are done with young adults specifically.

### If a treatment gets the 'thumbs up' does that mean it will work for me?

When a treatment is shown to work in research studies, this does not mean it will work equally well for every person. While it might work for the average person, some people will have complications, side-effects, or the treatment may not fit well with their lifestyle.

### What about if a treatment gets a 'thumbs down'? Does that mean it *won't* work for me or that I shouldn't try it?

Not necessarily. Treatments can have a 'thumbs down' rating either because the evidence shows that the treatment isn't effective, OR *it does work,* but the risks associated with the treatment outweigh the potential benefits. It is for these reasons that we have not recommended these treatments for young people.

This doesn't mean however, that these treatments should never be used, or that someone already receiving one of these treatments should stop. These treatments may not work for the average person, but they may be helpful to some people (for example, those who have tried other treatments, but have not had any benefit from them). **If you have any concerns about a treatment that has received a 'thumbs down' rating, you should discuss the pros and cons of it with a GP or mental health professional to decide whether the treatment is suitable for you.**

**It is not recommended that you stop using your current treatments until you have consulted a health professional.**

### What should I think about when I'm trying to decide which treatment might be best for me?

The best approach is to try a treatment that works for most people and that you are comfortable with. If you do not recover quickly enough (within a few months), or experience problems with the treatment, then try another. It's important not to get discouraged if a treatment isn't working. Sometimes, it might involve trying a few different treatments before finding one that works best for you. It is also important to remember that sometimes it can take a while for a treatment to 'kick in'. Rather than looking for immediate results, it is often necessary to stick with a treatment for a number of weeks before deciding that it's not working.

### Only one treatment at a time?

Combining treatments that work for depression is often the best approach. An example is combining a prescribed medication with a talking therapy.

However, sometimes there can be side-effects from combinations – especially prescribed or complementary medicines. Always check with a health professional whether it is safe to use two treatments at the same time. Whatever treatments are used, they are best done under the supervision of a GP or a mental health professional.

**Another factor to consider is beliefs about treatment.** A treatment is more likely to work if a person believes in it and is willing to commit to it. Even the most effective treatments will not work if they are only used sometimes or half-heartedly. Some people have strong beliefs about particular types of treatment. For example, some do not like taking medications in general, whereas others are strongly in favour of medical treatments. **Remember: strong beliefs in a particular treatment may not be enough, especially if there is no good evidence that the treatment works.**

# HOW TO USE THIS BOOKLET

**To help people make choices about treatments that suit their beliefs, and that have evidence for their effectiveness, we have organised the reviews in this booklet in three colour-coded sections:**

### Complementary and lifestyle treatments

These treatments can be provided by a range of health practitioners, including complementary practitioners. Some of them can be used as self-help.

### Medical treatments

These treatments are generally provided by a doctor (usually a GP or a psychiatrist).

### Psychological treatments

These treatments can be provided by a range of mental health practitioners, but particularly psychologists and clinical psychologists.

Within each of these three areas, we review the scientific evidence for each treatment to determine whether or not they are supported as being effective. **We recommend that young people seek treatments that they believe in, that are also supported by evidence and are used with the supervision of a health professional.**

### Are ALL the available treatments reviewed in this booklet or are some missing?

This booklet has considered all of the treatments (medical, psychological and self-help) that are claimed to be useful for depression. However there are many treatments that were not able to be reviewed since there have not been any studies of them in young people (see *Interventions reviewed but where no evidence was found* on page 39).

It's also common for young people with depression to experience other mental health problems, particularly anxiety, and alcohol or drug problems. In these cases, different treatments might be used to help manage the other condition.

Unfortunately, this booklet does not review treatments that are designed to treat other conditions, even though they may be used by someone with depression.

For more information on the treatment of depression in young people see *beyondblue's* DRAFT Clinical Practice Guidelines for the treatment of depression and related disorders in adolescents and young adults. These draft guidelines (developed by expert advisory groups including mental health professionals, people who have experienced depression, anxiety and related disorders – and their carers) are based on a review of all available quality international research findings. The draft guidelines will be submitted to the National Health and Medical Research Council (NHMRC) for approval in late 2010. To read the draft guidelines go to **www.beyondblue.org.au**

# HOW THIS BOOKLET WAS DEVELOPED

## SEARCHING THE LITERATURE

For each treatment review, the scientific literature was searched systematically on a number of databases, including the Cochrane Library, PubMed, PsycINFO and Web of Science. There was no time limit for how long ago the research was done, but articles had to be in English. For many of the searches, we relied on work that had been done for an adult version of this booklet,[7] as well as two review articles by one of the authors.[8,9]

## WHAT TYPE OF STUDIES WERE INCLUDED?

Studies were included if they involved people aged 14 to 25 who had been diagnosed with a depressive disorder, or who had sought help for depression. We didn't include studies that recruited people through advertising, or included people who scored above a cut-off on a scale of depression. These groups were excluded as they may be different from people who are seeking help for depression, which is the focus of this booklet.

## WHAT MAKES A STUDY 'GOOD QUALITY'?

Research evidence can vary in terms of how strong or trustworthy it is. Research that involves a 'randomised controlled trial' (RCT) is generally considered to be good quality, because the participants have been randomly assigned to either the treatment group or an appropriate control group that does not receive the treatment. Being 'randomised' is important because this reduces the chance of bias creeping into the groups; an example being that all the people with severe depression end up in one group, and all the people with mild depression end up in the other. Randomly assigning people to groups makes this less likely to happen.

When there is a number of RCTs on a particular treatment, researchers might combine all the findings into a 'systematic review' or 'meta-analysis'. These are also considered good-quality evidence, because combining the results of several similar studies is usually more consistent than looking at one study alone.

Sometimes, there may not be an RCT or systematic review on a particular treatment. This is especially the case for newer treatments, or treatments that have only recently been used with a particular group (in this case, young people aged 14 to 25). In those cases, the only type of evidence that exists might be small case studies involving several people who have all received the treatment. This type of research isn't considered as good quality because the results might not 'translate' beyond the few people included in the study.

It is also important to understand that many research studies exclude people with serious suicidal thoughts, severe depressive illnesses, and other complicating factors, such as drug and alcohol use. However, the reality is that many people experience these issues when they are depressed. Therefore, the conclusions we can draw from the evidence are limited if only select groups of depressed individuals are included in studies.

These sorts of studies are helpful in understanding whether a single type of treatment does or doesn't work. But in the real world, treatments are often combined. When treatments are used together, their effects may be different. Understanding this requires different research studies that look at how treatments work in combination.

## WRITING THE REVIEWS

Each review was written by one of the authors who evaluated the research evidence. The review was then checked by a second author for readability and clarity. All authors discussed and reached consensus on the 'thumbs up' rating for each treatment.

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[7] Jorm, AF, Allen NB, Morgan AJ, Purcell R. *A Guide to What Works for Depression. beyondblue*: Melbourne, 2009.

[8] Morgan, AJ & Jorm, AF (2008). 'Self-help interventions for depressive disorders and depressive symptoms: a systematic review.' *Annals of General Psychiatry,* 7, 13.

[9] Jorm AF, Allen NB, O'Donnell CP, Parslow RA, Purcell R & Morgan AJ. (2006) 'Effectiveness of complementary and self-help treatments for depression in children and adolescents.' *Medical Journal of Australia,* 185(7): 368-372.

# A SUMMARY OF WHAT WORKS FOR DEPRESSION IN YOUNG PEOPLE

| Complementary and Lifestyle Treatments | Our rating |
|---|---|
| **Massage** | |
| In adolescents: |  |

| Medical Treatments | Our rating |
|---|---|
| **Light therapy** | |
| For Seasonal Affective Disorder in adolescents: |  |
| For Seasonal Affective Disorder in young adults: |  |

| Psychological Treatments | Our rating |
|---|---|
| **Behaviour Therapy/Behavioural activation** | |
| In young adults: |  |
| **Cognitive Behaviour Therapy (CBT)** | |
| In adolescents: |  |
| In young adults: |  |
| **Family therapy** | |
| In adolescents: |  |
| **Interpersonal Psychotherapy (IPT)** | |
| In adolescents: |  |
| In young adults: |  |
| **Problem Solving Therapy** | |
| In adolescents: |  |
| In young adults: |  |

# COMPLEMENTARY AND LIFESTYLE TREATMENTS

## BIBLIOTHERAPY
**(E.G. READING SELF-HELP BOOKS)**

**OUR RATING**

?

### WHAT IS IT?

Bibliotherapy is a form of self-help that involves reading books or other written material. The books provide information and homework exercises that the readers work through on their own. Only one self-help book for depression *(Feeling Good)* has been researched with adolescents.

### HOW IS IT MEANT TO WORK?

Most bibliotherapy teaches people how to use Cognitive Behaviour Therapy (CBT) on themselves (see *Cognitive Behaviour Therapy* page 31-32). It can be used alone, or guided by a health professional. Guidance may involve a health professional assessing the person, identifying depression as the main problem and recommending an appropriate self-help book. In some cases, the health professional may also contact the person to see if the book is helpful.

### DOES IT WORK?

Only one study has examined professionally-guided bibliotherapy with depressed adolescents. The book used was *Feeling Good*. Thirty participants were given four weeks to read the book and complete the exercises included. They received weekly phone calls to see how many pages they had read and how many of the exercises they had completed. Bibliotherapy was found to be better than no treatment. It reduced depressive symptoms immediately following treatment and this benefit was still present one month later.

Many people use self-help books to help with depression without ever contacting a health professional. No studies have looked at whether bibliotherapy works without health professional involvement in any age group.

### ARE THERE ANY RISKS?

There are no known risks. However, bibliotherapy may not be suitable for everyone. Some people may lack enough concentration to read the book or they may have poor reading skills.

### RECOMMENDATION

There is not enough evidence to say whether bibliotherapy works for treating depression in young people.

# COMPUTER OR INTERNET TREATMENTS

**OUR RATING**

## WHAT ARE THEY?

Computer or internet treatments are types of self-help that are delivered through websites or interactive CDs. The most common is Computerised Cognitive Behaviour Therapy (CCBT). CCBT involves a series of sessions of Cognitive Behaviour Therapy (CBT) on a computer. Therapists can be involved to help guide the person through the session, but they do not need to be. Some CCBT programs are only available through a health professional. One CCBT program that is suitable for young people and freely available on the internet is:

- MoodGYM **(www.moodgym.anu.edu.au)**

Other computer or internet treatments combine a number of different psychological therapies (e.g. social skills training, CBT, relaxation training). Two of these programs are suitable for young people and are freely available on the internet:

- Reach Out Central **(www.reachoutcentral.com.au)**
- E-couch **(www.ecouch.anu.edu.au)**

There are also computer programs designed to target problems in thinking that can be associated with depression, like memory problems.

For a list of other self-help internet-based programs in Australia see the *beyondblue* Directory of e-mental health services and therapies (go to www.beyondblue.org.au, click Get Help).

## HOW ARE THEY MEANT TO WORK?

CBT is helpful for depression when delivered by a health professional. Because CBT is carried out in a highly-structured way (in a series of steps), it is well suited to being done via a computer.

## DO THEY WORK?

Only one study has tested a self-completed, computer-based treatment with 31 depressed young adults. Participants did the computer treatment, received antidepressants, or used both treatments. The computer program used games to target problems in thinking that sometimes occur with depression, including poor memory and difficulty paying attention. The computer program was used for two, 30-minute sessions a week until the depression improved to a certain level. The results showed that depression in all three groups improved. However, people in the CCBT and the combined treatment groups appeared to do better in keeping up these improvements over time.

Another study tested CCBT in 23 depressed adolescents who did the sessions at their local mental health clinic under the supervision of a health professional. The 'stress busters' course was done over eight weeks. The results showed that after completing the course, participants' depression symptoms were much lower. These improvements were still found three months later. However, this was a low-quality study since there was no comparison group.

## ARE THERE ANY RISKS?

There are no known risks.

## RECOMMENDATION

There is not enough good-quality evidence to say whether computer or internet treatments (including CCBT) work. However, this is an area of growth and further evidence may be available shortly.

## DISTRACTION

OUR RATING

?

### WHAT IS IT?

Distraction is taking attention away from depression and instead, focusing on pleasant or neutral thoughts and actions.

### HOW IS IT MEANT TO WORK?

Depressed people tend to ruminate (think too much) about how they are feeling. They might believe that this will lead to a greater understanding of why they are depressed and how they can get better. Ruminating, however, while feeling depressed may lead to more negative thinking and make depression symptoms worse. Distraction can be used to interfere with rumination and stop negative thinking. Once the depressed mood has lifted, more effective problem solving can occur.

### DOES IT WORK?

Only one study has looked at the effects of distraction on mood in 26 depressed adolescents. The distraction task involved thinking about and visualising neutral things (e.g. a kettle coming to the boil, or a band playing outside). Distraction was compared with a rumination task that involved focusing on the person's feelings at the time (e.g. 'how you feel about your friendships' or 'how your body feels right now'). The study found that rumination maintained or worsened the depressed mood, whereas distraction reduced depressed mood. The long-term effects of the treatment were not evaluated.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough evidence to say whether distraction works. It may be helpful for temporarily improving depressed mood, but it is likely that other treatments are needed for more lasting improvements.

## EXERCISE

OUR RATING

?

### WHAT IS IT?

There are two main types of exercise. *Aerobic* exercise (such as jogging or swimming) which works the heart and lungs and *anaerobic* exercise (such as weight training) which strengthens muscles.

### HOW IS IT MEANT TO WORK?

It is not clear how exercise helps to improve depression, but low levels of physical activity are often linked with depression. There are a few ideas on how exercise might work, such as:

- improving sleep patterns
- changing the levels of chemicals in the brain, such as serotonin, endorphins or stress hormones
- interrupting negative thoughts that make depression worse
- increasing the sense of being able to cope, by learning a new skill
- mixing with others, if the exercise is done in a group.

### DOES IT WORK?

There have been two low-quality studies of exercise in depressed adolescents. In both studies, the number of participants was low (11 in one study and 19 in the other) and all were inpatients in a psychiatric hospital at the time. Participants in both studies had behaviour problems as well as depression. Both studies compared exercising (such as jogging or doing weight training) to doing other activities (such as board games) instead of exercising. Neither study found any benefit of exercise in reducing depression.

### ARE THERE ANY RISKS?

People may injure themselves by exercising.

### RECOMMENDATION

Whilst there is good evidence that exercise is helpful for depression in adults, more high-quality research is needed before any conclusions can be made about whether exercise works for depression in young people.

## MAGNESIUM

**OUR RATING**

### WHAT IS IT?

Magnesium is a mineral present in food. It can also be taken as a supplement.

### HOW IS IT MEANT TO WORK?

It has been suggested that many cases of depression are due to a lack of magnesium in nerve cells.

### DOES IT WORK?

There has been only a single case study where magnesium was given as a treatment to a depressed adolescent. The adolescent showed rapid improvement in his depression after taking magnesium supplements.

### ARE THERE ANY RISKS?

Taking too much magnesium can be toxic and even lead to death.

### RECOMMENDATION

There is not enough evidence to say whether or not magnesium works for depression in young people.

## MASSAGE

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

### WHAT IS IT?

Massage involves manipulating soft body tissues by using the hands or a mechanical device. Massage is often done by a trained professional. One of the aims of massage is to relieve tension in the body.

### HOW IS IT MEANT TO WORK?

It is not known how massage might help to treat depression. However, it is possible that it reduces stress hormones or reduces feelings of physical tension or arousal.

### DOES IT WORK?

There have been two good studies of massage in depressed adolescents. One study in depressed adolescent mothers compared massage to relaxation training and the other study compared massage to watching relaxing videos. Both studies found that massage produced a greater improvement in depression symptoms 30 minutes after receiving a massage. The study did not look at the longer-term effects of the treatment.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is some evidence that massage is effective in the short term in depressed adolescents. However, there are no studies about whether massage works in young adults. Research is needed to find out whether it works in young adults.

## MUSIC

OUR RATING

### WHAT IS IT?

People can use music to change their mood. Music can be used as a self-help treatment or the treatment can be carried out with the help of a professional music therapist.

### HOW IS IT MEANT TO WORK?

Music appears to affect brain systems that control emotions. This emotional effect could be due to the rhythm and melody of the music or to the personal meaning of the music to the individual.

### DOES IT WORK?

Two studies have looked at the immediate effect of listening to music. In one study, 28 adolescent girls with dysthymia (mild depression) listened to uplifting pop songs or tried to relax on their own. Even though the adolescents liked the music, it did not change their depressed mood. In the second study, 48 depressed young adult mothers listened to either classical or rock music. Both types of music improved mood. However, these studies were low-quality studies since there was no comparison group (i.e. a group who did not listen to music). No studies have looked at the effects of regularly listening to music over a period of days or weeks.

There have been no studies of music in young adults.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough good evidence to say whether listening to music can help depression either immediately or in the long term.

## RELAXATION TRAINING

OUR RATING

### WHAT IS IT?

There are several different types of relaxation training. The most common type is called ‘progressive muscle relaxation’. This teaches a person to relax by tensing and then relaxing specific groups of muscles. Another type involves thinking of relaxing scenes or places. Relaxation training can be learned from a professional or done as self-help. On the internet, you can find instructions for relaxation exercises which are free or you can buy various CDs which guide you through the process.

### HOW IS IT MEANT TO WORK?

Relaxation training is most commonly used as a treatment for anxiety. Because anxiety and depression often occur together, it may reduce depression as well.

### DOES IT WORK?

Three good-quality studies have compared relaxation to other treatments for depression. In one study, 32 depressed adolescent mothers received 10 sessions of massage therapy or relaxation training. The relaxation training did not improve depression symptoms, but it did reduce anxiety. A second study gave 48 depressed adolescents five to eight sessions of either Cognitive Behaviour Therapy (CBT) or relaxation. Relaxation training reduced depressive symptoms by the end of the study, but it was much less effective than CBT. At six month follow-up, however, there were few differences in depression levels between the two groups. A third study compared light therapy to relaxation in nine adolescents (five with Seasonal Affective Disorder (SAD) and four with non-seasonal depression). Relaxation training was more effective than light therapy for those with non-seasonal depression, but it had no benefit for the group with SAD.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough evidence to say whether relaxation training works for young people with depression.

## SAMe
**(S-ADENOSYLMETHIONE)**

**OUR RATING** ?

### WHAT IS IT?

SAMe (pronounced 'sammy') is a compound that is made in the body and is involved in many biochemical reactions. SAMe supplements are available from some health food shops and pharmacies and are generally quite expensive.

### HOW IS IT MEANT TO WORK?

SAMe is thought to affect the outer walls of brain cells, making cells better able to communicate with each other. It may also be involved in producing chemical messengers in the brain that are thought to be affected by depression.

### DOES IT WORK?

SAMe has not yet been properly tested in well-designed studies with young people. It has only been tested in one adolescent with depression, who had some benefit when he took the pills as instructed.

### ARE THERE ANY RISKS?

The Australian Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) has warned that people who are using prescription antidepressants or who have bipolar depression should not use SAMe unless under the supervision of a health practitioner.

### RECOMMENDATION

There is no good-quality evidence that SAMe works for young people with depression. Even though research has shown that SAMe is helpful for adults with depression, more research should be done on its effectiveness in young people.

## ST JOHN'S WORT
**(HYPERICUM PERFORATUM)**

**OUR RATING** ?

### WHAT IS IT?

St John's wort is a small flowering plant which has been used as a traditional herbal remedy for depression. The plant gets its name because it flowers around the feast day of St John the Baptist. In Australia, St John's wort extracts are widely available in health food shops and supermarkets. However, in some other countries, St John's wort extracts are only available with a prescription.

### HOW IS IT MEANT TO WORK?

It is not clear how St John's wort works. However, it might increase the supply of certain neurotransmitters (chemical messengers) in the brain that are thought to be affected in depression. These are serotonin, norepinephrine and dopamine.

### DOES IT WORK?

There has been only one study of St John's wort in 26 depressed adolescents. Participants were asked to take 300 milligrams of St John's wort for eight weeks. They could also continue receiving other treatments for depression. The results were mixed. The treatment worked for those who took the correct dose for the full eight weeks. But over half did not complete the treatment. This was either because their depression symptoms got worse and they were taken out of the study, or they weren't taking the right dose. This study was of poor quality because there was no placebo ('dummy pill') included.

### ARE THERE ANY RISKS?

When taken alone, St John's wort has fewer side-effects than antidepressant medications. However, St John's wort interacts with many prescription medications. It can affect how these medications work and produce serious side-effects.

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# MEDICAL TREATMENTS

## ST JOHN'S WORT
### (HYPERICUM PERFORATUM)

According to the Therapeutic Goods Administration, people taking any of the following medications should not start using St John's wort:

- oral contraceptives (aka 'the pill')
- SSRI antidepressants and related drugs (citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, nefazodone)
- HIV protease inhibitors (indinavir, nelfinavir, ritonavir, saquinavir)
- HIV non-nucleoside reverse transcriptase inhibitors (efavirenz, nevirapine, delavirdine)
- cyclosporin, tacrolimus
- warfarin
- digoxin
- theophylline
- anti-convulsants (carbamazepine, phenobarbitone, phenytoin)
- triptans (sumatriptan, naratriptan, rizatriptan, zolmitriptan).

**FAST FACT**

**St John's wort can interact with oral contraceptives (aka 'the pill') making them ineffective.**
**It also interacts with many other prescription medicines, so it is important to check with a doctor before taking it.**

### RECOMMENDATION

There is not enough evidence to know whether St John's wort works for depression in young people. More research is needed.

Any young person taking prescribed medications (including 'the pill') should check with a doctor before deciding whether to take St John's wort because of the risk of drug interactions. If a young person is already taking it in combination with other prescribed medication, they should see a doctor to talk about possible drug interactions.

## ANTI-CONVULSANT DRUGS

**OUR RATING**

### WHAT ARE THEY?

Anti-convulsant drugs are used mainly to treat epilepsy. They are also used as a 'mood stabiliser' in bipolar disorder, which means that they help to reduce intense changes in mood. Anti-convulsants have also been used to treat depression that hasn't responded to other medications or talking therapies. These drugs can be used together with an antidepressant or on their own.

**More Information**

The most common anti-convulsants are known by the names *lamotrigine, valproate* and *carbamazepine*.

### HOW ARE THEY MEANT TO WORK?

Anti-convulsant drugs work by reducing excessive firing of nerve cells in the brain. This helps to calm over-activity in the brain.

### DO THEY WORK?

There are no good-quality studies of anti-convulsants for treating depression in young people. One study looked at the medical files of nine adolescents with depression who received an anti-convulsant to see whether it improved their symptoms. Eight of the nine adolescents were also on antidepressant medication. Overall, three showed good improvement after the anti-convulsant was added to their treatment, two showed mild improvement and four had no improvement.

### ARE THERE ANY RISKS?

Different types of anti-convulsants have different side-effects. Common side-effects include developing a serious rash, feeling dizzy, nauseous, tremor (shakes) and weight gain. Most side-effects lessen over time.

### RECOMMENDATION

There is not enough evidence as to whether anti-convulsants help in the treatment of depression in young people. Given the potential side-effects, it is not recommended as a treatment.

## ANTIDEPRESSANT MEDICATIONS (AKA 'ANTIDEPRESSANTS')

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS WITH MODERATE TO SEVERE DEPRESSION 

### WHAT ARE THEY?

Antidepressants are drugs that are used to treat depression. They can be prescribed only by a doctor (e.g. a GP or a psychiatrist). There are many different types of antidepressants. The group of antidepressants that are used the most are called selective serotonin reuptake inhibitors (SSRIs). There are also serotonin and noradrenaline reuptake inhibitors (SNRIs), the most common drug being *venlafaxine* (Efexor).

**More Information**

Examples of SSRIs are *citalopram* (brand name Cipramil), *escitalopram* (Lexapro), *fluoxetine* (Prozac), *fluvoxamine* (Luvox), *paroxetine* (Aropax) and *sertraline* (Zoloft).

### HOW ARE THEY MEANT TO WORK?

Different types of antidepressants work in slightly different ways, but they all act on chemicals in the brain related to emotions and motivation.

### DO THEY WORK?

There has been some research comparing SSRI antidepressants to a placebo ('sugar pills' that do not contain the drug) in depressed adolescents aged 18 and younger. Overall, the only SSRI that has been shown to be effective in this age group is *fluoxetine*. There has been one study of the SNRI drug *venlafaxine*. This showed some benefit in depressed adolescents compared to a placebo.

There have been no studies that have looked at whether antidepressants are effective in depressed young adults aged 18 to 25 years. However, there is a lot of research in adults more generally that shows that antidepressants work for moderate to severe depression.

### ARE THERE ANY RISKS?

There is a link between taking SSRIs and SNRIs and increased suicidal thinking and/or behaviour in young people. This link is particularly strong in adolescents, but also in young adults. Because of these safety concerns, no antidepressants are recommended in Australia for treating depression in adolescents.

All antidepressants also have other common side-effects, such as headache, nausea, feeling drowsy, sleep changes or sexual problems

*continued overleaf...*

(e.g. low sex drive). Some of these side-effects last for only a short time. Some drugs have worse side-effects than others. Overall, SSRIs appear to have fewer side-effects than other types of antidepressants.

## RECOMMENDATION

The only SSRI antidepressant for which there is some evidence of benefit in adolescents is *fluoxetine* (Prozac). This is only recommended for cases of moderate to severe depression. While there is some evidence that the SNRI *venlafaxine* may be effective in depressed adolescents, not enough is known about its safety for it to be recommended.

There have been no studies of antidepressants in young adults. However, there is a lot of research to show that antidepressants are effective in adults with moderate to severe depression. In the absence of any research in young adults, it is fair to assume that antidepressants would also work in young people with moderate or severe depression, but specific studies in this age group must be carried out.

**Regardless of age, antidepressant drugs are not recommended for mild depression. Instead, talking therapies are recommended as the first type of treatment.**

There has been a lot of debate about giving antidepressants to young people, due to suicide-related safety concerns. For any young person who does take an antidepressant, a doctor should check, ideally, every week in the early stages of treatment if this treatment is helping and whether there are any side-effects or signs of suicidal thinking or behaviour. This is especially important in the first four weeks of starting on medication.

### What does this all mean? That young people shouldn't take antidepressants?

No. Antidepressants are not recommended for adolescents because of the limited evidence of their effectiveness in this age group and their safety concerns. But in some cases (for example, if the depression is severe) these drugs may be prescribed by a doctor. In these cases, the adolescent should be monitored regularly by the doctor to make sure they do not experience any side-effects and to check that the treatment is helping.

Since no studies have examined whether antidepressants are effective in young adults aged 19-25, it is not possible to recommend them at this stage.

# ANTI-PSYCHOTIC DRUGS
**(AKA 'MAJOR TRANQUILISERS')**

**OUR RATING**

FOR PSYCHOTIC DEPRESSION 

FOR OTHER TYPES OF DEPRESSION 

## WHAT ARE THEY?

Anti-psychotics are usually used to treat psychotic disorders, such as schizophrenia. They have also been used for bipolar disorder, psychotic depression and for severe major depression that has not responded to other treatments. They are usually used as an 'add-on' treatment with an antidepressant drug.

## HOW ARE THEY MEANT TO WORK?

Different types of anti-psychotics work in different ways, but they all act on chemicals in the brain.

## DO THEY WORK?

In one study, six adolescents with psychotic depression were given an anti-psychotic drug along with an antidepressant. This combination helped to reduce the psychotic symptoms more than the depression symptoms. A more recent study gave an anti-psychotic drug as an 'add-on' to an antidepressant in 10 adolescents whose depression had not responded to an antidepressant. In seven out of the 10 cases, the symptoms of depression improved.

## ARE THERE ANY RISKS?

Different anti-psychotics may produce different side-effects. Common side-effects of anti-psychotics include feeling sedated (drowsy or 'knocked out'), weight gain and dry mouth. Movement problems in the arms, legs and face can also occur depending on the type of anti-psychotic drug. Some side-effects may need to be checked often by a doctor.

## RECOMMENDATION

For young people with psychotic depression, there may be some benefit in combining an anti-psychotic with an antidepressant drug, as these help to reduce the psychotic symptoms. However, more good-quality research is needed to understand whether these drugs are an effective treatment for psychotic depression. For other types of depression, given the side-effects, anti-psychotics are not recommended as a treatment.

## ELECTROCONVULSIVE THERAPY (ECT)
**(AKA 'SHOCK THERAPY')**

**OUR RATING**

FOR SEVERE DEPRESSION THAT HASN'T RESPONDED TO OTHER TREATMENTS: ?

FOR OTHER TYPES OF DEPRESSION: 👎

### WHAT IS IT?

There are several different types of ECT treatments. Generally, with ECT, electrical currents are passed though the brain to cause a seizure. The treatment is given under a general anaesthetic (i.e. the person is not awake). Usually a series of ECT treatments is given over several weeks. ECT is most often used for very severe depression that has not responded to other treatments. It is also used where there is a risk of death from suicide or where the person cannot – or refuses to – eat or drink, or when the person is experiencing psychotic symptoms.

### HOW IS IT MEANT TO WORK?

It is not understood exactly how ECT works other than by stimulating parts of the brain.

### DOES IT WORK?

There have been several individual case studies of ECT in young people with severe depression who have not benefited from other treatments. Overall, these studies show that depression symptoms improve after receiving ECT. However, there have not been any good-quality studies in which ECT has been compared to a control treatment in young people with severe depression.

### ARE THERE ANY RISKS?

There are risks associated with having a general anaesthetic. The most common side-effects of ECT are confusion and memory problems, which are usually only experienced in the short term.

### RECOMMENDATION

More high-quality research is needed to understand whether ECT is an effective treatment for young people with severe depression. The benefits of ECT shown in some cases must be weighed against the risks of this type of treatment. Because of these risks, it is not recommended overall as a treatment for depression in young people.

## KETAMINE
**(AKA 'SPECIAL K', 'KIT KAT', 'JET')**

**OUR RATING**

FOR SEVERE DEPRESSION THAT HASN'T RESPONDED TO OTHER TREATMENTS: ?

FOR OTHER TYPES OF DEPRESSION: 👎

### WHAT IS IT?

Ketamine is a fairly new treatment for depression. It is mainly used as an anaesthetic in vet practices to sedate animals. It is also an illegal street drug. When ketamine is used to treat depression, very low doses are used.

### HOW IS IT MEANT TO WORK?

Ketamine affects brain chemicals that are different from those affected by antidepressant drugs. It is thought to work by blocking the brain chemical *glutamate* from sending its messages in the brain.

### DOES IT WORK?

A recent study tested a single dose of ketamine, given through an intravenous line (a drip) versus a dummy salt solution in 18 adults with severe or long-standing depression. Included in the study, was one 18-year-old whose depression symptoms improved more as a result of the ketamine than from taking the dummy salt solution.

### ARE THERE ANY RISKS?

Used under medical supervision, ketamine is relatively safe. However, the side-effects of ketamine can be serious. These include changes to vision or hearing, feeling confused, high blood pressure, feeling 'high', dizziness, and increased interest in sex. Abuse of this drug can result in very serious health effects, including death.

### RECOMMENDATION

There is not enough research in young people to say whether ketamine is effective as a treatment for depression. Much more work is also needed to explore the safety of this drug.

# LIGHT THERAPY

**OUR RATING**

FOR SEASONAL AFFECTIVE DISORDER IN ADOLESCENTS 

FOR SEASONAL AFFECTIVE DISORDER IN YOUNG ADULTS 

FOR NON-SEASONAL DEPRESSION 

## WHAT IS IT?

Light therapy involves exposing the eyes to bright light for certain lengths of time, often in the morning. The light comes from a special box or lamp which the person sits in front of. These light boxes/lamps can be bought over the internet. Different light boxes may use different parts of the light spectrum and different light intensity.

## More Information

Light therapy boxes can be ordered over the internet. **However, not all light therapy boxes have been tested to make sure they are safe and effective.**

- It's important to check with a health professional before buying a light therapy box.
- If you do decide to buy one, it's important to understand what you're buying and what features to consider.
- It is particularly important to check the light box's safety features.

## HOW IS IT MEANT TO WORK?

Light therapy is mainly used to treat Seasonal Affective Disorder (SAD). It is thought to work by fixing problems with the body's internal rhythms caused by less sunlight in winter. It is less clear how it is meant to work in depression that does not vary with the seasons (SAD).

Light therapy boxes are described in terms of what 'lux' they put out. Lux is a measure of the amount of light you receive at a specific distance from a light source. Light boxes for light therapy usually produce between 2,500 lux and 10,000 lux (with 10,000 lux being typical). The intensity of a light box may determine how long the box needs to be used. For example, 10,000 lux light boxes usually require 30-minute sessions, while 2,500 lux light boxes may require two-hour sessions.

## DOES IT WORK?

Two studies have looked at light therapy in adolescents with SAD. In one study, 28 children and adolescents received either light therapy or a dummy treatment for one week. The light therapy group received one hour of bright light (10,000 lux) plus two hours of 'dawn stimulation' (a maximum of 250 lux at 6.30am). The dummy treatment consisted of five minutes of dawn stimulation and one hour wearing clear glasses while doing things like reading and watching TV. The result showed that light therapy was better in reducing symptoms of SAD than the dummy treatment.

A second study compared light therapy with relaxation therapy in nine depressed adolescents. Five had SAD and four had non-seasonal depression. Participants received either light therapy (2,500 lux for two hours in the evening) or relaxation therapy, which involved listening to a 15 minute tape-recording followed by 90 minutes of reading or doing homework. Both treatments were given for six days. Light therapy was more effective than relaxation in decreasing symptoms of depression, but only in the group with SAD.

## ARE THERE ANY RISKS?

Light therapy is safe, but may produce mild side-effects such as nausea, headache, jumpiness and eye irritation. If the wrong type of light bulb is used (e.g. incandescent lights) there is a risk of eye damage from infra-red radiation. Cost is important to consider as light therapy boxes can be expensive (usually ranging from $250 to $550).

## RECOMMENDATION

There is some evidence that light therapy is effective for adolescents with SAD, a disorder which is rare in Australia. There is no evidence that it works for young people with non-seasonal depression.

There have not been any studies of light therapy in young adults aged 18-25 who have SAD or other forms of depression. There is a lot of research to show that light therapy is effective in adults *in general* who have SAD. It is fair to assume that it would also be effective in young people aged 18-25 with SAD, but specific studies in this age group need to be carried out.

## LITHIUM

OUR RATING

### WHAT IS IT?

Lithium is a drug that is mainly used to treat bipolar disorder (otherwise known as manic-depression). Because it has been found to be effective for treating bipolar disorder, it has also been used to treat other types of depression.

### HOW IS IT MEANT TO WORK?

It is not clear how lithium works other than to act on chemical messengers in the brain.

### DOES IT WORK?

No research has looked at whether lithium is an effective treatment for depression in young people. There have been some studies where lithium has been added to an antidepressant drug in adolescents with severe depression. Symptoms of depression have been found to improve for some of the patients in these studies. However, these studies were of low quality since there were no comparison groups.

### ARE THERE ANY RISKS?

Common side-effects of lithium include headaches, nausea and feeling dazed. High levels of lithium in the blood can be toxic and cause more serious side-effects, including seizures and in some cases death. People on lithium must have their blood monitored to make sure the dose is at a safe level.

### RECOMMENDATION

Lithium is not recommended alone as treatment for depression in young people. There is some limited evidence that adding lithium to an antidepressant might be useful in adolescents with severe depression. These benefits must be weighed against the potentially serious side-effects.

## TRANSCRANIAL MAGNETIC STIMULATION (TMS)

OUR RATING

### WHAT IS IT?

TMS is a type of brain stimulation. A metal coil that contains an electric current is held to the side of the head. This produces a magnetic field that stimulates parts of the brain. TMS is usually given daily or several times a week. It is used mainly for people who have tried other treatments, but still have severe depression.

### HOW IS IT MEANT TO WORK?

It is not known exactly how TMS works other than by stimulating parts of the brain.

### DOES IT WORK?

There has been one case study of TMS in two adolescents. Regular TMS was given over five to six weeks. Both adolescents also continued with other treatments, including medication or weekly counselling. Symptoms of depression reduced over the following three to four months.

### ARE THERE ANY RISKS?

There is a small risk of seizure with TMS given the use of electric currents. The effects of TMS on memory, attention and concentration are not yet known.

### RECOMMENDATION

More high-quality studies are needed before TMS can be recommended for depression in young people.

# PSYCHOLOGICAL TREATMENTS

## ART THERAPY

**OUR RATING**

?

### WHAT IS IT?

Art therapy encourages people to express their feelings through creating artwork with paints, chalk or pencils. In art therapy, the person works one-on-one with a therapist, who combines other techniques with drawing, painting or other types of artwork. Often the focus is on the emotional qualities of the art.

### HOW IS IT MEANT TO WORK?

Art therapy is based on the belief that making a work of art can be healing. Issues that come up during art therapy are used to help people to cope better with stress, work through traumatic experiences, improve their judgment and have better relationships with family and friends.

### DOES IT WORK?

Art therapy has not yet been properly tested in any well-designed studies with young people. There has only been one case study of this treatment with a 14-year-old girl with severe depression and Post-Traumatic Stress Disorder (PTSD). After 48 sessions of art therapy, she felt less depressed.

A larger study looked at the effectiveness of art groups with 39 depressed and suicidal adolescents. All participants were in hospital at the time. They were assigned to either two art group sessions or two sessions of recreational time (including time in the gym). Both groups also received other treatment as usual within the hospital. The results showed depression improved in both groups.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough evidence to say whether art therapy works for depression in young people.

## BEHAVIOUR THERAPY (BT) / BEHAVIOURAL ACTIVATION

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

### WHAT IS IT?

Behaviour Therapy (BT), also called Behavioural Activation, is a major part of Cognitive Behaviour Therapy (see opposite). However, it is different to CBT because it focuses on increasing people's levels of activity and pleasure in their lives. Unlike CBT, it does not focus on changing the person's beliefs and attitudes. BT can be done with individuals or groups and generally lasts eight to 16 sessions.

### HOW IS IT MEANT TO WORK?

BT aims to teach people who are depressed how to become more active. This often involves doing activities that are rewarding, either because they are pleasant (such as spending time with good friends or engaged in hobbies) or give a sense of satisfaction or achievement (e.g. a feeling of a job well done). This helps to change patterns of withdrawal and inactivity that can make depression worse and replace them with rewarding and enjoyable experiences that reduce depression.

### DOES IT WORK?

There has been a number of good studies that have examined BT in young adults. These studies consistently show that BT helps to reduce depressive symptoms compared to no treatment. A lot of research has also compared BT to Cognitive Therapy. Across these studies BT appears to be less effective than Cognitive Therapy.

There has been less research on BT in adolescents. One case study in a 17-year-old found that treatment reduced depressive symptoms and led to an increase in enjoyable life events.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

BT is an effective treatment for young adults with depression. There is not enough evidence to say whether it works for depressed adolescents.

## COGNITIVE BEHAVIOUR THERAPY (CBT)

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

### WHAT IS IT?

CBT is one of the most common treatments for depression. People undertaking CBT work with a therapist to look at how their patterns of thinking (*cognition*) and acting (*behaviour*) are making them feel depressed, or are keeping them from recovering from depression. CBT is a combination of two older types of therapy, Cognitive Therapy and Behaviour Therapy (BT). The focus on each part will vary with therapists. CBT can be delivered one-on-one with a therapist or in groups. Treatment length can vary, but is usually four to 24 weekly sessions.

### HOW IS IT MEANT TO WORK?

CBT is thought to work by helping people to recognise patterns in their thinking and behaviour that contribute to depression. For example, depressed people may automatically create negative thoughts about any situation. In CBT, the person works to change unhelpful patterns of thinking to more realistic, helpful and problem-solving thinking. Also, since depressed people often stop doing things that they previously enjoyed, CBT can help to increase interest in activities that give them pleasure or a sense of achievement. This is the 'behaviour' part of CBT. When people engage in helpful thinking and enjoyable activities, their mood is expected to improve.

**What's an example of 'automatic negative thinking'?**

Imagine if you passed your friend *X* in the street and *X* didn't acknowledge you. An automatic negative thought would be "*X* hates me". An alternative, more helpful thought might be "perhaps *X* didn't see me" or "*X* looks really pre-occupied – I hope they're OK".

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## DOES IT WORK?

CBT for depression in young people has been tested in more well-designed studies than any other form of psychological therapy. Overall, CBT works for treating depression in young people. However, most of the research has been on adolescents. There have not been any studies of CBT in young adults aged 18 to 25. There is a lot of research to show that CBT is very effective in adults in general (aged 18 years and over).

Studies in depressed adolescents usually involve between eight and 16 sessions. It is not clear if CBT works better in groups or one-on-one with a therapist, but both work well. CBT has been shown to work for adolescents with mild and severe depression. There are also studies that show that CBT can prevent depression from coming back once a person has recovered.

There have also been studies of pure Cognitive Therapy for young adults, without the behaviour component. Overall, they show that Cognitive Therapy is effective in reducing depression compared to no treatment at all. Some of these studies compared Cognitive Therapy to Behaviour Therapy. Overall, Cognitive Therapy appears to be more effective at reducing depressive symptoms.

## ARE THERE ANY RISKS?

There are no known risks.

## RECOMMENDATION

CBT has been shown to be an effective treatment for depression in adolescents. Only Cognitive Therapy alone has been tested in young adults and shown to be effective. It is fair to assume that CBT would work just as well in young adults.

# CREATIVE PLAY
(AKA 'PLAY THERAPY')

**OUR RATING**

## WHAT IS IT?

Creative play is a type of therapy usually used with children aged three to 11 years old. It provides a way for children to express their experiences and feelings through play. Children can show their inner feelings through the toys and art materials they choose to play with and how they play. As children mature, they rely less on play as a way to express themselves. As a result, play therapy is not typically used with adolescents or young adults.

## HOW IS IT MEANT TO WORK?

Creative play is based on the belief that play is the child's natural way to express him/herself. Children understand their world, express thoughts and feelings, and develop social skills through play. Creative play provides a way for children to express their feelings, explore relationships and communicate their experiences and their wishes. It is believed to help children as they often have difficulty expressing their feelings in words or saying how experiences have affected them.

## DOES IT WORK?

There has only been one good study that compared group-based creative play to Interpersonal Therapy (IPT) or no treatment in depressed adolescents. These adolescents were all survivors of war in the African country Uganda and had experienced high levels of violence. The results showed that IPT was effective in reducing depressive symptoms. However, there was no difference in depression between the group that received creative play and those who received no treatment.

## ARE THERE ANY RISKS?

There are no known risks, however creative play therapy may not be acceptable to many young people, as it may be regarded as 'childish' and developmentally inappropriate.

## RECOMMENDATION

From the one study available, creative play does not appear to work for depression in young people.

## DANCE AND MOVEMENT THERAPY (DMT)

**OUR RATING**

### WHAT IS IT?

DMT combines expressive dancing with more common psychological treatments for depression, such as talking about the person's life difficulties. It can be delivered in a group or individual therapy. A DMT session usually involves a warm-up and a period of expressive dancing or movement. This is followed by talking about feelings and thoughts about the experience and how it relates to the person's life situation.

### HOW IS IT MEANT TO WORK?

DMT is based on the idea that the body and mind work together. It is thought that a change in the way someone moves will have an effect on his/her patterns of feeling and thinking. DMT also assumes that dancing and movement may help to improve the relationship between the person and the therapist and may help the person to express feelings that he/she is not aware of. Learning to move in new ways may help people to discover new ways of expressing themselves and new ways to solve problems.

### DOES IT WORK?

DMT has only been tested in one good-quality study with adolescent girls. Forty adolescent girls took either 12 weeks of DMT or were placed on a waiting list. The results showed that DMT was better at reducing symptoms of depression than no treatment.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is currently not enough evidence to say whether DMT is an effective treatment for depression in young people.

## FAMILY THERAPY

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

### WHAT IS IT?

In family therapy, family relationships are seen as an important factor in depression. Usually the whole family – or at least some family members – will attend treatment with a therapist, not just the family member who is depressed. The therapist tries to help all family members change how they communicate so that their relationships are more supportive and there is less conflict. Family therapy is most often used with children or adolescents, rather than young adults.

**More information**

In family therapy, no one person is seen as the problem.

The therapist focuses on looking at why the problem keeps on happening, rather than on what caused the problem or who is to blame.

### HOW IS IT MEANT TO WORK?

Family therapists believe that involving the family in the solution to a problem is the most helpful approach. This is based on the idea that relationships play a large role in how people feel about themselves. When family relationships are supportive and honest, this will often help to resolve problems and improve the mood of family members.

### DOES IT WORK?

There have been three good-quality studies of family therapy for depression in adolescents. One study of 107 adolescents compared family therapy, Cognitive Behaviour Therapy (CBT) and supportive therapy. Each treatment was provided for between 12 and 16 weeks. Family therapy was less effective than CBT in the short term (i.e. at the end of the study), but just as effective in the long term (i.e. two years later). In the second study, 32 depressed adolescents received family therapy or were placed on a waiting list. The results showed that family therapy was more effective than no treatment. The final study compared psychodynamic psychotherapy with family therapy in children and young adolescents. There were no differences between the groups at the end of nine months of treatment.

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## ARE THERE ANY RISKS?

There are no known risks. When considering family therapy, it is important to make sure that the young person is happy to involve his/her family in the treatment. Putting pressure on young people to involve their family may put them off getting help.

## RECOMMENDATION

Family therapy seems to be effective for treating depression in adolescents, but larger studies are needed before we can be more confident of its benefits. There are no studies of family therapy in young adults aged 18 to 25.

# HYPNOSIS
(AKA 'HYPNOTHERAPY')

OUR RATING

## WHAT IS IT?

Hypnosis involves a therapist (or hypnotherapist) helping a person to achieve a hypnotic state. This is a state of mind where the person under hypnosis experiences thoughts and images that seem very real. Time may pass more slowly or more quickly than usual when in this altered state of mind. People under hypnosis often notice things that are passing through their mind that they might not otherwise notice. They may also find that they are able to ignore or forget certain painful experiences, including physical pain. When people think about hypnosis, they may think about the therapist swinging a small pocket watch on a chain in front of a person's face. It is not always done this way, but the person does lie or sit back in a comfortable position.

## HOW IS IT MEANT TO WORK?

There are different types of hypnosis treatments for depression. However, all use hypnosis to help the person to make important changes. These can include changing ways of thinking, dealing with emotional conflicts, focusing on strengths or becoming more active. It is thought that these changes are easier to make when the person is in a hypnotic state.

## DOES IT WORK?

There are only two case studies of the use of hypnosis for depression in young adults. Both involved the use of cognitive treatments (see *Cognitive Behaviour Therapy*, page 31-32) under several sessions of hypnosis (e.g. controlling negative thinking, or improving self-esteem and confidence). In both cases, the participants reported that their depression improved after treatment.

## ARE THERE ANY RISKS?

There are no known major risks. However, hypnosis needs to be delivered by a properly trained mental health professional. Otherwise, it is possible that some people might become distressed by strong feelings or mental images, or they might become dependent on their therapist.

## RECOMMENDATION

There is not enough evidence to say if hypnosis can be used to treat depression in young people.

# INTERPERSONAL PSYCHOTHERAPY (IPT)

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

## WHAT IS IT?

IPT is a type of counselling that focuses on problems in personal relationships and on building skills to deal with these problems. IPT is based on the idea that problems in personal relationships are an important part of the cause of depression. It is different from other types of therapy for depression because it focuses more on the person's personal relationships (e.g. with friends, intimate partners, teachers, parents, siblings) than what is going on in the person's mind (e.g. thoughts and feelings). IPT can be delivered through either group or individual sessions. When used with adolescents, IPT can involve just the young person, or his/her parent/s as well.

### What's an example of a problem in personal relationships?

Young people can face difficulties in 'role transition' – that's when a person's role changes and he/she doesn't know how to cope with it. Examples of role transitions include:

- dealing with growing independence from parents
- finishing/moving school
- first experience of a sexual relationship
- starting a job
- first experience of the death of someone.

## HOW IS IT MEANT TO WORK?

IPT is thought to work by helping people to recognise patterns in their relationships with other people that make them more vulnerable to depression. In IPT, the therapist focuses on specific problems with personal relationships. For example, the therapist may focus on grief over lost relationships, different expectations in relationships between the person taking IPT and others, giving up old roles to take on new ones, or difficulties getting along with other people. IPT aims to help people to improve their depression by helping them to overcome these problems.

## DOES IT WORK?

Several good-quality studies have shown that IPT is effective for treating adolescent depression. These studies consistently show that IPT is more effective than no treatment, and is as effective, or better than, other talking therapies. One study of 71 adolescents found that IPT was more effective in reducing depression symptoms than Cognitive Behaviour Therapy (CBT) immediately following treatment, although both groups were doing equally well three months later. Another study of 63 adolescents found IPT to be better than support from a school counsellor. Most studies have involved the depressed person and a therapist working one-on-one, but there is one study that shows that group IPT is also effective.

There have been no studies of IPT in young adults aged 18 to 25. However, there is a lot of research to show that IPT is effective in adults *in general*.

## ARE THERE ANY RISKS?

There are no known risks.

## RECOMMENDATION

There is good evidence that IPT is an effective treatment for adolescent depression. The strongest evidence is for individual IPT with a therapist. In the absence of any research to date, it is fair to assume that IPT would also be effective in young people aged 18 to 25, but specific studies in this age group need to be carried out.

# PROBLEM SOLVING THERAPY (PST)

**OUR RATING**

IN ADOLESCENTS 

IN YOUNG ADULTS 

## WHAT IS IT?

PST focuses on teaching people how to deal with problems better. This involves being taught by a therapist to work through different stages in thinking about problems. These stages include:

- clearly identifying their problems
- thinking of different solutions for each problem
- choosing the best solution
- developing and carrying out a plan
- seeing if this solves the problem.

PST can be delivered through group or individual sessions.

## HOW IS IT MEANT TO WORK?

When people are depressed, they often feel that their problems can't be solved because they are too difficult or overwhelming. This will sometimes lead to people either ignoring their problems, or trying to solve them in unhelpful ways. PST helps people to break out of this pattern and discover new, more effective ways of dealing with their problems.

## DOES IT WORK?

There have been three good-quality studies of PST with depressed young people. In one study, 264 severely depressed and suicidal young adults received either group-based PST or standard hospital treatment. The results showed that both treatments were effective in reducing participants' depressive symptoms.

The second study compared individual PST to no treatment in 46 depressed adolescents and young adults. The group receiving PST improved more than the group who had no treatment. The improvements in the PST group appeared to be maintained until at least a year after treatment ended.

The third study compared social PST to supportive therapy in 18 severely depressed and suicidal young adults. Both treatments were group-based. The results showed that social PST was more effective than supportive therapy for reducing depression three months later.

## ARE THERE ANY RISKS?

There are no known risks.

## RECOMMENDATION

There is emerging research that PST is an effective treatment for depression in young people. However, more research is needed before PST can be considered a well-established treatment for this age group.

## PSYCHODYNAMIC PSYCHOTHERAPY (AKA 'PSYCHOANALYSIS')

OUR RATING

?

### WHAT IS IT?

Psychodynamic psychotherapy focuses on how unconscious patterns in people's minds (e.g. thoughts and feelings they are not aware of) may play a role in their problems. Short-term treatment usually takes less than a year, while long-term treatment can take more than a year. Long-term treatment is sometimes called psychoanalysis. It can involve lying on a couch while the therapist listens to the person talk about whatever is going though his/her mind. However, more often the person and therapist sit and talk to each other like in other types of counselling.

### HOW IS IT MEANT TO WORK?

This treatment focuses on the thoughts, images and feelings that pass through the person's mind. The therapist's relationship with the person is also used to understand emotional problems that he/she is not aware of. The treatment is based on the belief that some people fail to have a good sense of self-worth after difficult life events. This can lead to depression. By making the person more aware of these conflicts, he/she can deal with them and resolve the issues that caused depression.

### DOES IT WORK?

There have been only two studies of psychodynamic psychotherapy in young people with depression. In one study, 11 young adults received the treatment for 12 months. This involved up to 80 individual sessions. At the end of treatment, the participants had a small decrease in their depressive symptoms. This study was of low quality since there was no comparison group. The other study compared psychodynamic psychotherapy with family therapy in children and young adolescents. There were no differences between the groups at the end of nine months of treatment.

### ARE THERE ANY RISKS?

No major risks are known. However, long-term therapy can be expensive and take a lot of time. It might be worth considering whether a short-term treatment may be just as effective.

### RECOMMENDATION

There is not enough evidence as to whether psychodynamic psychotherapy works for treating depression in young people.

## PSYCHOEDUCATION

OUR RATING

?

### WHAT IS IT?

Psychoeducation aims to help people understand their mental health problems and how they can better deal with their symptoms. Psychoeducation tends to be used along with other treatments (e.g. Cognitive Behaviour Therapy) rather than on its own. It can take place either one-on-one with a therapist or in group sessions. Family members can also be involved.

### HOW IS IT MEANT TO WORK?

Psychoeducation helps people to develop better knowledge about their depression. For example, learning about what affects their depression (e.g. what kind of things trigger it, what makes it worse, what kind of things can help). As well as providing information, the therapist also works to support the person's strengths, resources and coping skills. This helps avoid a relapse (i.e. getting depressed again) and assists people to manage their own mental health in the long term.

### DOES IT WORK?

There has only been one good-quality study about psychoeducation for depression in young people. This study looked at whether family psychoeducation added to the benefits of standard treatment in 41 adolescents with moderate to severe depression. Standard treatment included individual or group support and counselling and/or medication. Family psychoeducation sessions took place in the person's home and all family members were involved. The results showed that adding family psychoeducation to standard treatment helped to improve depression. However, the biggest improvement was in the family relationships.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough evidence as to whether psychoeducation is an effective treatment for depression in young people.

## SOCIAL SKILLS TRAINING

OUR RATING

?

### WHAT IS IT?

Social skills training focuses on helping to improve social skills. The aim is to help people develop and maintain good relationships. These treatments focus on changing unhelpful social behaviours as well as unhelpful ways of thinking or feeling.

**What are some behaviours that social skills training might help improve?**

- Feeling less shy when talking to others
- Feeling more confident or positive in social situations
- Not being angry or aggressive with others
- Understanding social cues (e.g. when people are bored or getting upset).

### HOW IS IT MEANT TO WORK?

Poor social skills and relationship problems with friends, family or teachers are thought to contribute to depression. This is because if people have poor social skills, they are likely to get negative feedback when they're with other people. This can lead to low self-esteem and a negative outlook on life. Teaching positive social skills makes it more likely that a person will have positive experiences in social situations.

### DOES IT WORK?

There have only been two studies of social skills training for treating depression in adolescents. In one study, 66 adolescents received either social skills training or supportive therapy. Supportive therapy was more effective than skills training at the end of the study, but nine months later, there was no difference between the groups. The other study compared social skills training to art group therapy. Social skills training was more effective than art therapy in reducing depression symptoms in males. There were no differences in depression symptoms for females in the two treatment groups.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

There is not enough evidence to show that social skills training is effective as a treatment for depression in young people.

## SUPPORTIVE THERAPY (AKA 'SUPPORTIVE COUNSELLING')

OUR RATING

?

### WHAT IS IT?

Supportive therapy helps people to function better by giving personal support. In general, the therapist does not ask the person to change his/her behaviour or thinking styles. Instead, the therapist acts as a support person, allowing the person who is taking supportive therapy to reflect on his/her life situation in a setting where he/she feels accepted.

### HOW IS IT MEANT TO WORK?

Supportive therapy works on the theory that some people do best in an accepting, non-judgemental environment. This helps the person to cope with day-to-day problems and deal with issues that are hard to change. Getting support and acceptance from the therapist can help people to cope better, even if they can't change some of the problems they're facing.

### DOES IT WORK?

Several studies have looked at supportive therapy for depression in young people. In one study, 107 adolescents received supportive therapy, Cognitive Behaviour Therapy (CBT) or family therapy. Supportive therapy was less effective than CBT after three months of treatment, but two years later, both groups were doing equally well. Another study compared group-based supportive therapy and social Problem Solving Therapy (PST) in 18 severely depressed young adults. Supportive therapy was less effective in reducing depression symptoms. A final study compared supportive therapy to social skills training in 66 depressed adolescents. Supportive therapy was more effective at the end of treatment, but nine months later, both groups were doing about the same.

### ARE THERE ANY RISKS?

There are no known risks.

### RECOMMENDATION

Supportive therapy may be helpful for depression, but it is likely to be less effective than a specific treatment such as CBT or Interpersonal Therapy (IPT).

# INTERVENTIONS REVIEWED BUT WHERE NO EVIDENCE WAS FOUND

**Herbs, Vitamins and Minerals**
*(complementary or self-help treatments)*

5-hydroxy-l-trytophan
American ginseng *(Panax quinquefolius)*
Ashwagandha *(Withania somnifera)*
Astragalus *(Astragalus membranaceous)*
Ayurvedic medicine
Bach flower remedies (including Rescue Remedy)
Basil *(Ocimum spp)*
Berocca
Biotin
Black cohosh *(Actaea racemosa* or *Cimicfuga racemosa)*
Borage *(Borago officinalis)*
Brahmi *(Bacoppa monniera)*
Californian poppy *(Eschsholtzia californica)*
Carnitine/Acetyl-L-Carnitine
Catnip *(Nepata cataria)*
Cat's claw *(Uncaria tomentosa)*
Chamomile *(Anthemis nobilis)*
Chaste tree berry *(Vitex agnus castus)*
Chinese medicinal mushrooms *(Reishi or Lingzhi, Ganoderma Lucidum)*
Choline
Chromium
Clove *(Eugenia caryphyllata)*
Coenzyme Q10
Combined preparations (EMPowerplus – Truehope Nutritional Support Ltd))
Cowslip *(Primula veris)*
Damiana *(Turnera diffusa)*
Dandelion *(Taraxacum officinale)*
Euphystose
Feldenkrais
Flax seeds (linseed) *(Linum usitatissimum)*
Folate
Foti-tieng (Chinese herbal tonic)
Fragrance or perfume
ϒ-aminobutyric acid (GABA)
Ginger *(Zingiber officinale)*
Ginkgo biloba
Ginseng *(Panax ginseng)*
Glutamine
Gotu kola *(centelle asiatica)*
Hawthorn *(Crataegus laevigata)*
Hellerwork
Hops *(Humulus lupulus)*
Hyssop *(Hyssopus officinalis)*
Inositol
Kampo (Japanese herbal therapy)
Kava *(Piper methysticum)*
Korean ginseng
Lavender
Lecithin
Lemon balm *(Melissa officinalis)*
Lemongrass leaves *(Cymbrogon citrates)*
Licorice *(Glycrrhiza glabra)*
Melatonin
Milk thistle *(Silybum marianum)*
Mindsoothe or Mindsoothe Jr (Native Remedies)
Mistletoe *(Viscum album)*
Motherwort *(Leonurus cardiaca)*
Multivitamins
Natural progesterone

*continued overleaf...*

Nettles *(Urtica dioca)*
Nicotinamide
Oats *(Avena sativa)*
Omega-3 fatty acids
Painkillers/over-the-counter medicines
Para-aminobenzoic acid (PABA)
Passionflower *(Passiflora incarnata)*
Peppermint *(Mentha piperita)*
Phenylalanine
Potassium
Purslane *(Portulaca oleracea)*
Rehmannia *(Rehmannia glutinosa)*
Rhodiola rosea
Rosemary *(Rosmarinus officinalis)*
Saffron
Sage *(Salvia officinalis)*
Schizandra *(Schizandra chinensis)*
Sedariston
Selenium
Siberian ginseng *(Eleutherococcus senticosus)*
Skullcap *(Scutellaria lateriflora)*
Spirulina *(Arthrospira platenis)*
St Ignatius bean *(Ignatia amara)*
Suanzaorentang
Taurine
Tension Tamer tea
Thyme *(Thymus vulgaris)*
Tissue salts
Tragerwork
Tyrosine
Valerian *(Valeriana officinalis)*
Vervain *(Verbena officinalis)*
Vitamins (B, C, D, E, K)
Wild yam *(Dioscorea villosa)*
Wood betony *(Stachys officinalis* or *Betonica officinalis)*
Worry Free
Yeast
Zinc

## Medications
(prescribed by a doctor)

Anti-anxiety drugs
Anti-glucocorticoid (AGC) drugs
Oestrogen
Stimulant drugs

## Medical treatments

Vagus Nerve Stimulation (VNS)

## Physical treatments

Air ionization
Craniosacral therapy or cranial osteopathy
Hydrotherapy
Kinesiology
Osteopathy
Reflexology
Sleep deprivation

## Psychological and lifestyle treatments

Acceptance and Commitment Therapy (ACT)
Acupuncture
Adequate sleep
Alexander technique
Aromatherapy
Autogenic training
Balneotherapy or bath therapy
Colour therapy, chromotherapy or colorology
Crystal healing or charm stone
Dolphins (swimming with)
Eye Movement De-sensitisation and Reprocessing (EMDR)
Holiday or vacation
Homeopathy
Horticulture therapy
Humour/humour therapy
LeShan distance healing
Meditation
Mindfulness Based Cognitive Therapy (MBCT)
Music therapy
Narrative therapy
Neurolinguistic Programming (NLP)
Pets
Pilates
Pleasant activities
Prayer
Qigong
Recreational dance
Reiki
Relationship therapy
Reminiscence therapy
Sex to relax
Shopping
Singing
Tai chi
Traditional Chinese medicine
Yoga

## Dietary and other changes

Alcohol avoidance
Alcohol for relaxation
Avoiding certain food types (barley, rye, wheat, dairy foods)
Caffeine avoidance
Caffeine consumption
Chocolate
Ketogenic diet
Marijuana avoidance/consumption
Nicotine avoidance
Smoking a cigarette/quitting smoking
Sugar avoidance
Carbohydrate rich/protein poor diet

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# APPENDIX

**What about depression treatments that are not reviewed here, but where evidence exists for adults? A summary of the evidence for treatments in adults in general.**

For full details of the following reviews, see Jorm AF, Allen NB, Morgan AJ and Purcell R. *A Guide to What Works for Depression, beyondblue.* Melbourne: 2009. This booklet is available to download and order free from *beyondblue: the national depression initiative,* at **www.beyondblue.org.au** or call **1300 22 4636**.

For information on anxiety disorders, see Reavley NJ, Allen NB, Jorm AF, Morgan AJ, Purcell R. *A Guide to What Works for Anxiety Disorders. beyondblue*: Melbourne 2010. This booklet is available to download and order free from *beyondblue: the national depression initiative,* at **www.beyondblue.org.au** or call **1300 22 4636**.

## COMPLEMENTARY AND LIFESTYLE TREATMENTS

### 5-HYDROXY-L-TRYPTOPHAN (5-HTP)

**OUR RATING**

#### WHAT IS IT?

5-HTP is an amino acid. Amino acids are building blocks of proteins. 5-HTP is produced in the body from L-tryptophan and may also be purchased as a dietary supplement.

#### RECOMMENDATION

There is not enough good evidence to say whether 5-HTP works for depression.

### ACUPUNCTURE

**OUR RATING**

#### WHAT IS IT?

Acupuncture involves inserting fine needles into specific points on the body. The needles can be rotated manually, or have an electric current applied to them. A laser beam can also be used instead of needles.

#### RECOMMENDATION

There is some evidence to suggest that acupuncture may work for depression. More research is needed to find out what kind of acupuncture is best.

### DRINKING ALCOHOL

**OUR RATING**

#### WHAT IS IT?

Many people report that they drink alcohol to feel good or to relieve feelings of depression or tension.

#### RECOMMENDATION

Small amounts of alcohol may sometimes initially reduce feelings of depression. However, drinking alcohol could worsen depression or lead to an alcohol problem. There are also risks of harm to physical health or the chance of injury. Therefore, drinking alcohol cannot be recommended and should be avoided as a treatment for depression.

## ALCOHOL AVOIDANCE

**OUR RATING**

IN PEOPLE WITH A DRINKING PROBLEM 

IN PEOPLE WITHOUT A DRINKING PROBLEM 

### WHAT IS IT?

Alcohol avoidance means reducing or stopping drinking alcohol. Alcohol is a typical depressant drug and being drunk may cause temporary depressive symptoms. Heavy drinking can also cause unpleasant life events, like job loss, which can lead to depression. For these reasons, it may be helpful to avoid drinking alcohol when depressed.

### RECOMMENDATION

Depression in people with a drinking problem may be improved by not drinking alcohol. There is not enough evidence to say whether avoiding alcohol is helpful for depression in people without an alcohol problem.

## AROMATHERAPY

**OUR RATING**

### WHAT IS IT?

Aromatherapy is the use of essential oils for healing. Essential oils are highly concentrated extracts of plants. They can be diluted in carrier oils and absorbed through the skin, or heated and vaporised into the air.

### RECOMMENDATION

There is not enough good evidence to say whether aromatherapy works for depression.

## AUTOGENIC TRAINING

**OUR RATING**

### WHAT IS IT?

Autogenic training involves practising simple mental exercises in body awareness. This includes concentration on breathing, heartbeat, and warmth and heaviness of body parts.

### RECOMMENDATION

There is not enough good evidence to say whether autogenic training works for depression.

## BACH FLOWER REMEDIES

**OUR RATING**

### WHAT IS IT?

Bach (pronounced 'batch') flower remedies are a system of highly diluted flower extracts. A popular combination of five remedies is sold as Rescue Remedy®.

### RECOMMENDATION

There is not enough good evidence to say whether Bach flower remedies work for depression.

## BORAGE

**OUR RATING**

### WHAT IS IT?

Borage (*Borago officinalis* or *echium amoenum*) is a herb originating in Syria.

### RECOMMENDATION

There is not enough good evidence to say whether borage works for depression.

## CAFFEINE CONSUMPTION OR AVOIDANCE

**OUR RATING**

CONSUMPTION 

AVOIDANCE 

### WHAT IS IT?

Caffeine is a stimulant found in coffee, tea, cola drinks and chocolate. Some people believe that caffeine improves mood and energy, while others say that avoiding caffeine may be helpful for depression.

### RECOMMENDATION

There is no good evidence to say whether caffeine consumption or avoidance is helpful for depression.

## CARBOHYDRATE-RICH PROTEIN-POOR MEAL

**OUR RATING**

### WHAT IS IT?

It has been proposed that a meal rich in carbohydrates, but low in protein lifts mood.

### RECOMMENDATION

There is not enough good evidence to say whether eating carbohydrate-rich, but protein-poor meals works for depression.

## CARNITINE / ACETYL-L-CARNITINE

**OUR RATING**

FOR DYSTHYMIA 

FOR OTHER TYPES OF DEPRESSION 

### WHAT IS IT?

Carnitine is a nutrient involved in energy metabolism. It is produced in the body and is available in food such as meat and dairy products or as a supplement. Acetyl-L-Carnitine (ALC) is a form of carnitine that easily enters the brain.

### RECOMMENDATION

There is some evidence on ALC to indicate that it may work for dysthymia.

## CHOCOLATE

**OUR RATING** 

### WHAT IS IT?

Many people, including some people with depression, report craving chocolate when in a low mood and eating it to boost their mood.

### RECOMMENDATION

There is no evidence that chocolate is helpful for depression.

## CHROMIUM

**OUR RATING** 

### WHAT IS IT?

Chromium is an essential trace mineral involved in carbohydrate, fat and protein metabolism. Chromium is available in food or as a supplement.

### RECOMMENDATION

There is not enough good evidence to say whether chromium works for depression.

## DOLPHINS (SWIMMING WITH)

**OUR RATING** 

### WHAT IS IT?

It has been suggested that swimming with dolphins may be helpful for depression. Swimming with dolphins is usually only available through a tour operator in selected locations.

### RECOMMENDATION

There is not enough good evidence to say whether swimming with dolphins works for depression.

## FOLATE

**OUR RATING**

AS AN ADDITION TO ANTIDEPRESSANTS 

AS A TREATMENT ON ITS OWN 

### WHAT IS IT?

Folate is a nutrient found in a variety of foods or in dietary supplements, usually as folic acid.

### RECOMMENDATION

Folate may be helpful for depression when taken with antidepressants. There is not enough good evidence to say whether folate works as a treatment on its own.

## GINKGO BILOBA

**OUR RATING** 

### WHAT IS IT?

Extracts from the leaves of the ginkgo biloba (maidenhair) tree are available in tablet form.

### RECOMMENDATION

There is not enough good evidence to say whether ginkgo works for depression.

## GLUTAMINE

**OUR RATING** 

### WHAT IS IT?

Glutamine is an amino acid (one of the building blocks of protein) and is found in foods high in protein. It is available as a supplement from health food shops.

### RECOMMENDATION

There is not enough good evidence to say whether glutamine works for depression.

## HOMEOPATHY

OUR RATING

### WHAT IS IT?

Homeopathy uses very small doses of various substances to stimulate self-healing. Treatments are based on people's symptoms rather than their diagnosis. This means that two people with the same illness may receive different treatments. Treatments are prepared by diluting substances with water or alcohol and shaking. This process is then repeated many times until there is little or none of the substance left. Homeopathic treatments are available by visiting a practitioner or buying over the counter.

### RECOMMENDATION

There is not enough good evidence to say whether homeopathy works for depression.

## HUMOUR / HUMOUR THERAPY

OUR RATING

### WHAT IS IT?

Humour could be used by people to help improve their depression, or as part of therapy provided by a professional.

### RECOMMENDATION

There is not enough good evidence to say whether using humour or humour therapy works for depression.

## HYDROTHERAPY

OUR RATING

### WHAT IS IT?

Hydrotherapy includes hot air and steam baths or saunas, wet packings, and various kinds of warm and cold baths.

### RECOMMENDATION

There is not enough good evidence to say whether hydrotherapy works for depression.

## INOSITOL

OUR RATING

### WHAT IS IT?

Inositol is a compound similar to glucose. The average adult consumes about 1g daily through diet, but supplements are also available at health food shops.

### RECOMMENDATION

There is not enough good evidence to say whether inositol works for depression.

## LAVENDER

OUR RATING

### WHAT IS IT?

Lavender is a plant that is popular in herbal medicine. Essential oil extracts are obtained from the flowering tops.

### RECOMMENDATION

There is not enough good evidence to say whether lavender works for depression.

## LeSHAN DISTANCE HEALING

OUR RATING

### WHAT IS IT?

LeShan distance healing is a meditation technique designed to help the healing of another person's medical problems. It can be done either at a distance or in the presence of the person being healed. It is a skill that can be learned by people with no experience in healing or meditation.

### RECOMMENDATION

There is not enough good evidence to say whether LeShan distance healing works for depression.

## MARIJUANA

OUR RATING

### WHAT IS IT?

Marijuana is a mixture of dried shredded leaves, stems, seeds and flowers of the hemp plant (*Cannabis sativa*). Cannabis refers to marijuana and other preparations made from the same plant, such as hashish. The active ingredient in marijuana is the chemical THC.

### RECOMMENDATION

There is no evidence that marijuana helps depression. In fact, it can increase the risk of developing more serious mental illnesses.

## MEDITATION

OUR RATING

### WHAT IS IT?

There are many different types of meditation. However, they all train people to focus their attention and awareness. Some types involve focusing attention on a silently repeated word or on breathing. Others involve observing thoughts without judgment. Meditation can be done for spiritual or religious reasons, but this is not always the case.

### RECOMMENDATION

There is not enough good evidence to say whether or not meditation works for depression.

## MELATONIN

OUR RATING

### WHAT IS IT?

Melatonin is a hormone produced in the brain. It is involved in the body's sleep-wake cycle. Melatonin levels increase during night-time darkness. Melatonin supplements are not available in Australia, but can be brought in from overseas for personal use.

### RECOMMENDATION

On current evidence, melatonin does not seem to help. Given that it might increase depression in high doses, it is not recommended.

## NEGATIVE AIR IONISATION

OUR RATING

### WHAT IS IT?

A negative air ioniser is a device that uses high voltage to electrically charge air particles. Breathing these negatively-charged particles is thought to improve depression.

### RECOMMENDATION

Negative air ionisation appears to work, including for seasonal depression. However, the air ioniser needs to be of the right type.

## OMEGA-3 FATTY ACIDS (FISH OIL)

OUR RATING

### WHAT IS IT?

Omega-3 fatty acids are types of polyunsaturated fats. The two main types are eicosapentanoic acid (EPA) and docosahexanoic acid (DHA). EPA and DHA are found in fish oil or can be made in the body from the oil found in foods like flaxseed, walnuts and canola oil. There is research linking lack of Omega-3 in the diet to depression. Omega-3 supplements are available from health food shops and pharmacies.

### RECOMMENDATION

Omega-3 appears to work, but the evidence is not entirely consistent. More large studies are needed.

## PAINKILLERS

OUR RATING

### WHAT IS IT?

Painkillers are sold over-the-counter for the temporary relief of pain. They include aspirin, paracetamol and ibuprofen. Some people use these painkillers to help with depression.

### RECOMMENDATION

There is no good evidence on whether painkillers help depression.

## PETS

OUR RATING

### WHAT ARE THEY?

Many people report positive effects of interacting with their pets. Pets can also be used by professional therapists as part of their treatment.

### RECOMMENDATION

There is not enough good evidence to say whether interacting with pets works for depression.

## PHENYLALANINE

OUR RATING

### WHAT IS IT?

Phenylalanine is an amino acid. Amino acids are the building blocks of protein. It cannot be made in the body and must be included in the diet. Supplements are available through health food shops.

### RECOMMENDATION

It is unclear whether phenylalanine works for depression. Better scientific evidence is needed.

## PRAYER

OUR RATING

### WHAT IS IT?

Prayer is a means by which believers attempt to communicate with the absolute. Prayer has traditionally been used in times of illness and is often used by people to help cope with mental health problems. People can pray for themselves or to ask for healing for another person.

### RECOMMENDATION

There is not enough evidence to say whether or not prayer works for depression.

## QIGONG

OUR RATING

### WHAT IS IT?

Qigong is a 3,000-year-old Chinese self-training method involving meditation, breathing exercises and body movements.

### RECOMMENDATION

There is some preliminary evidence that qigong might help depression in older people. However, more evidence is needed to confirm this. There is no evidence on whether or not it works with other age groups.

## QUITTING SMOKING

OUR RATING

### WHAT IS IT?

People who are depressed are more likely to be smokers. Therefore, quitting smoking might be beneficial.

### RECOMMENDATION

Quitting smoking is good for physical health and might reduce risk of depression in the long term. However, it will be more difficult for people to quit when they are depressed. For a person who is depressed, it would be best to try quitting under medical supervision.

## RECREATIONAL DANCING

OUR RATING

### WHAT IS IT?

Dancing of any type can be used to improve mood.

### RECOMMENDATION

More evidence is needed to know whether dancing helps depression.

## REIKI

OUR RATING

### WHAT IS IT?

Reiki (pronounced 'ray-key') is a form of energy healing that started in Japan. A session of reiki involves a practitioner lightly laying his/her hands or placing them a few centimetres away from parts of the person's body for three to five minutes per position. Distance reiki, where the practitioner can work without being physically present with the recipient, is available with further training.

### RECOMMENDATION

There is not enough good evidence to say whether reiki works for depression.

## RHODIOLA ROSEA (GOLDEN ROOT)

**OUR RATING**

### WHAT IS IT?

*Rhodiola rosea* is a plant that grows in cold regions of the world, such as the Arctic and high mountains. In some parts of the world, it has been used as a traditional remedy to cope with stress. Extracts of the plant have been marketed under the brand 'Arctic root'.

### RECOMMENDATION

While the initial evidence looks promising, more studies are needed to confirm that it works.

## SAFFRON

**OUR RATING**

### WHAT IS IT?

Saffron is the world's most expensive spice, made from the stigma of the flower of the plant *Crocus sativus*. Saffron is used to treat depression in Persian traditional medicine. Both the stigma and the petal (which is much cheaper) have been used for the treatment of depression.

### RECOMMENDATION

Saffron appears to work, but more needs to be known about the doses required.

## SELENIUM

**OUR RATING**

### WHAT IS IT?

Selenium is a mineral naturally present in the diet. Whole grains and meats are a particularly good source. Selenium is also available as a supplement.

### RECOMMENDATION

There is no good evidence on whether selenium supplements work for depression.

## SLEEP DEPRIVATION

**OUR RATING**

FOR SHORT-TERM MOOD IMPROVEMENT

AS A LONG-TERM TREATMENT FOR DEPRESSION

### WHAT IS IT?

Sleep deprivation can be either total or partial:

- *Total sleep deprivation* involves staying awake for one whole night and the following day, without napping.
- *Partial sleep deprivation* involves sleeping during either the early or later part of the night, and staying awake for the other part.

### RECOMMENDATION

Sleep deprivation produces rapid improvement in many people. However, the effect generally does not last.

## SMOKING CIGARETTES

**OUR RATING**

### WHAT IS IT?

People who are depressed are more likely to smoke cigarettes. One explanation for this is that they smoke to relieve symptoms of depression.

### RECOMMENDATION

Smoking may improve depressive symptoms in the short term. However, in the long term, it increases risk of a range of physical diseases that can in turn lead to depression.

## SUGAR AVOIDANCE

**OUR RATING**

### WHAT IS IT?

Eating refined sugar can provide a temporary increase in energy level and an improvement in mood. However, the longer-term effect is a decline in energy.

### RECOMMENDATION

While there is some promising evidence that sugar avoidance might help a minority of depressed people, further research is needed to confirm that this treatment works.

## TAI CHI

OUR RATING

### WHAT IS IT?

Tai chi is a type of moving meditation that originated in China as a martial art. It involves slow purposeful movements and focused breathing and attention.

### RECOMMENDATION

Although there is some promising evidence, more research is needed to say whether or not Tai chi works for depression.

## TYROSINE

OUR RATING

### WHAT IS IT?

Tyrosine is an amino acid, one of the building blocks of protein. It is found in food, but can also be taken as a supplement.

### RECOMMENDATION

Tyrosine is not effective as a treatment for depression.

## VITAMIN $B_6$

OUR RATING

### WHAT IS IT?

Vitamin $B_6$ plays an important role in many processes in the body, including the brain. This vitamin is widely available in food, but can also be taken as supplements.

### RECOMMENDATION

Vitamin $B_6$ does not appear to work for depression in general. However, there is some promising evidence that it might help women whose depression is hormone related.

## VITAMIN $B_{12}$

OUR RATING

### WHAT IS IT?

Vitamin $B_{12}$ is important to the working of many processes in the body, including the brain. It can be found in meat, milk and eggs. Supplements are also available.

### RECOMMENDATION

The limited evidence available does not show an effect of vitamin $B_{12}$ supplements on winter depression. There is no evidence on whether they work for other types of depression.

## VITAMIN D

OUR RATING

### WHAT IS IT?

Vitamin D is essential to certain body functions, particularly the growth and maintenance of bones. Few foods contain vitamin D. It is mainly made in the body by the action of sunlight on skin. It is also possible to buy vitamin D supplements. Vitamin D has been used as a treatment for winter depression.

### RECOMMENDATION

The evidence is promising that vitamin D may help winter depression, but more research is needed. There is no evidence that vitamin D helps other types of depression.

## YOGA

OUR RATING

### WHAT IS IT?

Yoga is an ancient part of Indian culture. Most yoga practised in Western countries is Hatha yoga. This type of yoga exercises the body and mind using physical postures, breathing techniques and meditation.

### RECOMMENDATION

Yoga is a promising treatment for depression, but more good-quality research is needed.

## ZINC

OUR RATING

### WHAT IS IT?

Zinc is a mineral essential for life which is found in many foods. It can also be taken as a supplement.

### RECOMMENDATION

There is not enough evidence to say whether zinc works. While there is some initial evidence that zinc supplements produce greater improvement in people who are taking antidepressants, more research is needed to confirm this.

# MEDICAL TREATMENTS

## ANTI-ANXIETY DRUGS

**OUR RATING**

SHORT-TERM USE 

LONG-TERM USE 

### WHAT ARE THEY?

Anti-anxiety drugs are used for severe anxiety. They may also be known as 'tranquilisers'. Because depression and anxiety often occur together, anti-anxiety drugs may also be used to treat depression. These drugs are usually used together with antidepressants, rather than on their own.

### RECOMMENDATION

There is some evidence for using anti-anxiety drugs as a short-term treatment for depression, but not all drugs are effective. Combining an anti-anxiety drug with an antidepressant may also be helpful, but only in the short term. Anti-anxiety drugs should only be used for a short time because of the potential side-effects and risk of addiction.

## ANTI-GLUCOCORTICOID (AGC) DRUGS

**OUR RATING**

### WHAT ARE THEY?

AGCs are drugs that reduce the body's production of cortisol (the stress hormone). AGCs are prescribed by a doctor.

### RECOMMENDATION

There is some evidence that AGCs may be helpful in the short term for people with depression. However more research is needed before the specific benefit of AGCs alone can be known.

## OESTROGEN

**OUR RATING**

### WHAT IS IT?

Oestrogen is a hormone that occurs naturally in a woman's body. When used as a treatment, it is usually supplied as a tablet. It is also available in a skin patch, as a cream or gel, or injected or implanted just under the skin. Oestrogen is prescribed by a doctor.

### RECOMMENDATION

More research is needed to work out whether oestrogen is an effective treatment for women with severe postnatal depression. Given its side-effects, oestrogen is not recommended as a main treatment for postnatal depression.

## STIMULANT DRUGS

**OUR RATING**

### WHAT ARE THEY?

Stimulants help improve alertness and energy levels. These drugs are not used as a regular treatment for depression, but may be used to treat certain symptoms of depression, such as fatigue or lack of energy. Only a doctor can prescribe these drugs.

### RECOMMENDATION

Stimulants may help to reduce certain symptoms of depression in the short term. However, there is no evidence of their longer-term benefits in treating depression.

## VAGUS NERVE STIMULATION (VNS)

**OUR RATING**

### WHAT IS IT?

VNS is a type of brain stimulation. It requires surgery to insert a device (like a 'pacemaker') and wiring under the skin in the chest and neck. This sends electric signals to the vagus nerve, which is connected to the brain. VNS is mainly used for people with long-term, severe depression.

### RECOMMENDATION

On the evidence available, VNS does not appear to work, and given the risks and side-effects, it is not a recommended treatment for depression.

# PSYCHOLOGICAL TREATMENTS

## ACCEPTANCE AND COMMITMENT THERAPY (ACT)

**OUR RATING**

### WHAT IS IT?

Acceptance and Commitment Therapy (ACT) is a type of Cognitive Behaviour Therapy (CBT). However, it is different to CBT because it does not teach a person how to change their thinking and behaviour. Rather, it teaches them to 'just notice' and accept their thoughts and feelings, especially unpleasant ones that they might normally avoid.

### RECOMMENDATION

ACT is a promising new approach to psychological therapy for people who are depressed. Although more work is needed, it might be worth trying for those who have not found more established treatments (like CBT, IPT or antidepressants) to be helpful.

## ANIMAL ASSISTED THERAPY

**OUR RATING**

### WHAT IS IT?

Animal assisted therapy is a group of treatments where animals are used by a trained mental health professional in the therapy. Usually these are pets such as dogs and cats, but other animals like horses are also used. The interaction between the client and the animal is a focus of the treatment, and is thought to have benefits for the person's mood and well-being.

### RECOMMENDATION

Animal assisted therapy appears to work for depression. However, some larger studies should be done so we can be more confident of this.

## EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR)

**OUR RATING**

### WHAT IS IT?

EMDR aims to reduce symptoms associated with distressing memories and unresolved life experiences. It was mainly designed to treat Post-Traumatic Stress Disorder (PTSD) but it can also be applied to depression. During treatment with EMDR, the client is asked to recall disturbing memories while making particular types of eye movements that are thought to help in the processing of these memories.

### RECOMMENDATION

We do not yet know if EMDR is an effective treatment for depression.

## MINDFULNESS BASED COGNITIVE THERAPY (MBCT)

**OUR RATING**

FOR TREATMENT OF DEPRESSION

FOR PREVENTION OF RELAPSE

### WHAT IS IT?

MBCT is used to prevent the return or relapse of depression in people who have recovered. It is generally delivered in groups. It involves learning a type of meditation called 'mindfulness meditation'. This type of meditation teaches people to focus on the present moment, just noticing whatever they are experiencing, including pleasant and unpleasant experiences, without trying to change them.

### RECOMMENDATION

MBCT appears to be effective at preventing the return of depression in people who have been depressed a number of times before. It is unclear whether it helps people who are currently depressed.

## NARRATIVE THERAPY

**OUR RATING**

### WHAT IS IT?

Narrative therapy is an approach to psychological therapy that focuses on how people think about themselves and their life situations in terms of narratives, or stories. People come for psychological therapy either alone, with their partner, or with their families.

### RECOMMENDATION

We do not yet know if narrative therapy is an effective treatment for depression.

## NEUROLINGUISTIC PROGRAMMING (NLP)

**OUR RATING**

### WHAT IS IT?

NLP was developed in the 1970s based on observing people who were thought to be expert therapists. NLP assumes that if we can understand the way these experts use language when they are counselling people, then others can be effective therapists by using language in a similar way.

### RECOMMENDATION

There is no convincing scientific evidence that NLP is effective for depression.

## RELATIONSHIP THERAPY

**OUR RATING**

### WHAT IS IT?

Relationship therapy focuses on helping a person who is depressed by improving their relationship with their partner. Both members of the couple come for a series of psychological therapy sessions over a period of eight to 24 weeks. A person does not have to be married to use this approach, but needs to be in a long-term relationship.

### RECOMMENDATION

Relationship therapy is an effective treatment for depression, which is probably best used when there are relationship problems along with depression.

## REMINISCENCE THERAPY

**OUR RATING**

FOR OLDER PEOPLE 

FOR OTHER AGE GROUPS 

### WHAT IS IT?

Reminiscence therapy has been mainly used with older people with depression. It encourages people to remember and review memories of past events in their lives. Reminiscence therapy can be used in groups where people are encouraged to share memories with others. It can also be used in a more structured way, sometimes called ‘life review’. This involves focusing on resolving conflicts and regrets linked with past experiences. The person can take a new perspective or use strategies to cope with thoughts about these events.

### RECOMMENDATION

Reminiscence therapy appears to be an effective approach to treating depression in older people.

youth beyondblue

## CONTACT DETAILS

*beyondblue: the national depression initiative*
PO Box 6100, Hawthorn West VIC 3122
T: (03) 9810 6100
*beyondblue* info line 1300 22 4636
F: (03) 9810 6111
E: bb@beyondblue.org.au
W: www.beyondblue.org.au

Visit: **www.youthbeyondblue.com**
Info line: **1300 22 4636**

*beyondblue: the national depression initiative*

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